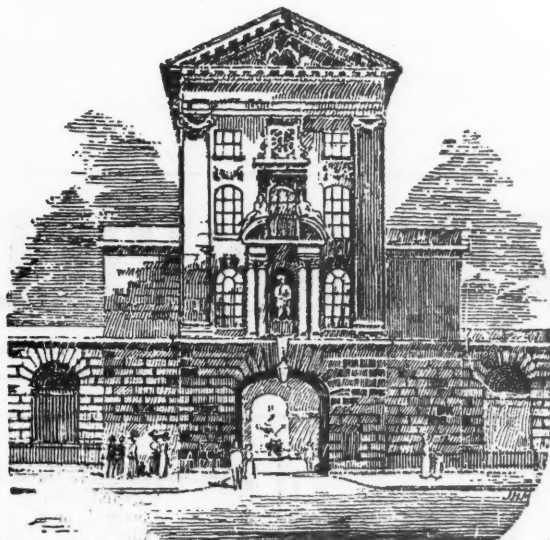


MAY 17 1927

ST BARTHOLOMEW'S HOSPITAL JOURNAL



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"Æquum memento rebus in arduis
Servare mentem."

—Horace, Book ii, Ode iii.

JOURNAL.

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MAY 1ST, 1927.

PRICE NINEPENCE.

CALENDAR.

- | | | |
|--|-----|--|
| Mon., | May | 2.—Special Subject Lecture by Mr. Harmer. |
| Tues., | " | 3.—Prof. Fraser and Prof. Gask on duty. |
| Wed., | " | 4.—Surgery. Clinical Lecture by Sir Holburt Waring.
Cricket Match <i>v.</i> Wanderers. Home. |
| Fri., | " | 6.—Dr. Morley Fletcher and Sir Holburt Waring on duty.
Medicine. Clinical Lecture by Dr. Morley Fletcher. |
| Sat., | " | 7.—Cricket Match <i>v.</i> Southgate. |
| Mon., | " | 9.—Special Subject Lecture by Mr. Just. |
| Tues., | " | 10.—Sir Percival Hartley and Mr. McAdam Eccles on duty. |
| Wed., | " | 11.—Surgery. Clinical Lecture by Sir Holburt Waring. |
| Fri., | " | 13.—Sir Thomas Horder and Mr. L. B. Rawling on duty.
Medicine. Clinical Lecture by Dr. Langdon Brown. |
| Sat., | " | 14.—Cricket Match <i>v.</i> Winchmore Hill. Home. |
| Mon., | " | 16.—Special Subject Lecture by Mr. Cumberbatch. |
| Tues., | " | 17.—Dr. Langdon Brown and Sir C. Gordon-Watson on duty. |
| Wed., | " | 18.—Surgery. Clinical Lecture by Mr. McAdam Eccles. |
| Thurs., | " | 19.—Cricket Match <i>v.</i> C.I.D., N Division. Away. |
| Fri., | " | 20.—Prof. Fraser and Prof. Gask on duty. |
| Sat., | " | 21.— Last day for receiving matter for the June issue of the Journal.
Cricket Match <i>v.</i> Streatham. Away. |
| Mon., | " | 23.—Special Subject Lecture by Mr. Scott. |
| Tues., | " | 24.—Dr. Morley Fletcher and Sir Holburt Waring on duty. |
| Wed., | " | 25.—Surgery. Clinical Lecture by Mr. McAdam Eccles. |
| Thurs., | " | 26.—Cricket Match <i>v.</i> M.C.C. |
| Abernethian Society: Summer Sessional Address by Gen. Sir Matthew Fell, on "Casualties," at 8.30. | | |
| Fri., | " | 27.—Sir Percival Hartley and Mr. McAdam Eccles on duty.
Medicine. Clinical Lecture by Sir Percival Hartley. |
| Sat., | " | 28.—Cricket Match <i>v.</i> Metropolitan Police. Home. |
| Mon., | " | 30.—Special Subject Lecture by Mr. Elmslie. |
| Tues., | " | 31.—Sir Thomas Horder and Mr. L. B. Rawling on duty. |

EDITORIAL.

SO the Porter has, in common with certain other birds, exchanged his drab winter covering for more summery plumage. Having given this phenomenon our most sage consideration, we can no longer incline to the view that it is a purely passive development of natural selection. We feel rather that there is behind it an active agent, a poetic mind, who probably imagined a magnificent creation like Ben Jonson's Courtier: "These are his graces. He doth (besides me) keep a barber and a monkey; he has a wrought waistcoat to entertain his visitants in, with a cap almost suitable. His curtains and bedding are believed to be his own; his bathing tub is not suspected." But alas the noble enterprise stuck at the "cap almost suitable," and the result is considered by many to vie with Farringdon Street or (let's be fair) with the Inspectors on the North-Western main line. The patient porters themselves, with whom we have conversed on the subject, appear to have come to consider the headgear rather fetching, and a very pretty little Easter toy for their children. So let's all be happy about it.

* * *

The Evil Eye is rather active at present. In a recent issue of an evening paper we saw the startling announcement that a new road was contemplated from Holborn Viaduct to Aldersgate Street which "would go through the yard of St. Bartholomew's Hospital behind the new General Post Office," thus very nearly short-circuiting any idea of a site for the new Surgical Block in that direction. Fortunately the opposition is likely to be considerable.

ST. BARTHOLOMEW'S HOSPITAL WOMEN'S GUILD.

The annual meeting of the Guild this year will be exceptionally interesting and important. For the first time in the history of the Guild the Lady Mayoress will attend the meeting as a member and has kindly promised to say a few words. The Hospital is to be further congratulated, as Dame Madge Kendal, D.B.E., is to be the principal speaker, and everyone who has had the privilege of hearing her at the height of her fame will realize what a delightful treat is in store for all those who are present. In addition to this the Staff of the Hospital will be represented by Dr. Geoffrey Evans, who has most kindly promised to speak on its behalf. The meeting, which will take place as usual in the Great Hall of the Hospital, will be on Wednesday, May 11th, at 4.15 p.m. It will not be limited this year to members of the Guild only, but is to be thrown open to all members of the Nursing Staff, Students and their friends, to whom a cordial invitation is issued.

* * *

Members of this Hospital are urged to support Antony Lyall Haynes at the Election of Foundation Scholars at Epsom College, which takes place in June next. His father, Edmund Lyall Haynes, M.R.C.S., L.R.C.P., was educated at St. Bartholomew's Hospital, was Resident Medical Officer at York Dispensary and Hon. Surgeon to Stockton Hospital. For a long time before his death in 1927 heart disease rendered him incapable of practising, and he had to leave his wife and child totally unprovided for.

* * *

DR. R. WAGSTAFF SMITH.

Dr. Richard Wagstaff Smith died at Exmouth on April 11th, in his 93rd year. Born in Nova Scotia, where his father held an important engineering appointment, Dr. Smith was a member of a very old Staffordshire family. Returning to England in early life, he decided to become a doctor, and entered St. Bartholomew's Hospital, where he was subsequently house surgeon. He began his life-work by settling at Harborne, then near but now part of Birmingham. Here his practice speedily became very extensive and, as the first medical officer of an area where sanitation left much to be desired, he was instrumental in effecting a great change, instituting systems of drainage and water supply which had been unknown there before. He was also one of the first certifying surgeons appointed under the Factory Act. After forty years' work he retired to Exmouth in 1903, retaining his life-long interest in science, especially electricity, up to the very end. His wife died five months ago, and he is survived by an only daughter.

SOME PRACTICAL CONSIDERATIONS IN THE PATHOLOGY, DIAGNOSIS AND TREATMENT OF ANO-RECTAL FISTULÆ.



It has often been said that more reputations have been lost in the unsuccessful treatment of fistula *in ano* than in any other condition requiring surgical interference.

The description, classification of the types and the complicated diagrams in many of the text-books are a nightmare to many students, who feel greatly relieved when these pages have been turned.

As in all surgical conditions, success lies in the careful attention to the essential details. It is the intention of this article to emphasize some of these details.

Pathology.—Infection of the peri-rectal and peri-anal tissues is a necessary precursor of a fistula. The resulting suppuration takes the form of a peri-anal or an ischio-rectal abscess. The infection of the supporting connective tissues, in the vast majority of cases, has its origin in the anal canal or rectum. This occurs either by direct spread from a breach of surface or by way of the lymphatics. Many abscesses, however, appear to start primarily in the surrounding tissues, there being no definite lesion in the canal. Some of these may be blood-borne, but most of them are probably due to a minute abrasion of the bowel-wall. When a lesion is demonstrable, it takes the form of a torn submucous pocket found lying between the terminal branches of the superior hæmorrhoidal artery (Gordon-Watson), a fissure *in ano*, an infected internal hæmorrhoid, or a traumatic ulcer due to a foreign body, which is found very occasionally in the abscess-cavity. Trauma and infection of the bowel-wall above the level of the levator ani muscle may give rise to suppuration in the pelvi-rectal space. The pelvi-rectal abscess so formed passes through the levator, points in the perinæum, and terminates in a fistula with a high internal opening. Such fistulæ are fortunately very rare.

It might well be asked why an acute abscess in the peri-rectal tissues has so complicated a termination, compared with abscesses in other parts of the body. The answer to this question is to be found on consideration of the structures involved in the infection. The peri-rectal connective tissues are loose in texture, poorly nourished, and only containing a small amount of fibrous tissue. On the other hand, the skin in this region is singularly tough and resistant. The conditions are therefore ideal for the spread of the suppurative

process subcutaneously and into the depths of the perirectal spaces. The septic granulation-tissue surrounding the abscess-cavity plays a very important part in the development of a fistula. During operation on either an acute or a chronic abscess, a small button of granulation-tissue is often found adherent to the bowel-wall. Although there is no apparent track into the bowel in a large number of ischio-rectal abscesses when first seen and treated, a definite indurated pit will be noticed to develop occasionally in the lumen of the anal canal, whilst the case is still under observation. The site of this newly developed internal opening is at the point of adherence of the button of granulation-tissue noted at operation. This may be the site of a microscopic lesion in the bowel, from which the infection originated. Some cases are seen, however, in which the infection originates high up in the ischio-rectal fossa, and an internal opening has been noticed to develop later low down in the anal canal, in the midline posteriorly. The infected granulation-tissue, in such a case, must erode the bowel from without.

An internal opening of a fistulous track, which passes into the bowel just above the external sphincter, is usually found in the midline posteriorly. The probable explanation of this fact is to be sought in the arrangement of the levator ani muscles. As these muscles pass downwards, forwards and inwards to surround the rectum, they come nearest the skin surface in the middle line behind the anus, and thus direct the inflammatory spread (aided by gravity) to this area. The ischio-rectal fossæ are in intimate subcutaneous communication with one another, especially posteriorly. An abscess, initially unilateral, extends finally across the middle line, and the formation of a posterior or anterior horseshoe fistula can readily be understood.

Fistula *in ano* is sometimes a complication of carcinoma of the rectum, and patients sometimes present themselves complaining only of the fistula. An acute ischio-rectal abscess, which clinically appears to be pyogenic in origin, is occasionally found to be tuberculous. This should be suspected if the pus is sterile.

Considerable space has been devoted to elementary pathology, but it is only by detailed consideration of the mode of production of these fistulæ that they can be successfully treated, and, what is more important, prevented.

Diagnosis.—The position of the external openings should first be noted, together with the character of any pouting granulations or the presence of a swelling. The distance of an external opening from the anal margin is of the very greatest practical importance. An external opening, distant more than 1 in. from the anal margin, usually has a corresponding opening in the middle line

on the posterior or anterior aspect of the anal canal. A fistulous track within this radius passes into the bowel directly, and usually superficial to, or through, the external sphincter.

A probe is an unnecessary and painful instrument for the diagnosis of a fistula, and should be used only after careful palpation. Most information can generally be obtained by careful and delicate palpation of the peri-anal tissues between finger and thumb, with the index finger inside the anal canal and thumb outside. The presence and direction of tracks can be felt, with a little practice, as lines of induration. The characteristic feature of a tuberculous fistula is the lack of induration. Thus, if a probe reveals extensive tracking which has not been discovered by the method described above, it is strong evidence in favour of tubercle. If, on routine examination, the patient is found to have pulmonary tuberculosis, it by no means follows that the fistula is tuberculous. A non-tuberculous fistula in a tuberculous subject, if not successfully treated, often becomes tuberculous however. Fistula is a rare complication of phthisis, although there seems to be evidence that many cases of primary tuberculous fistulæ are followed by signs of pulmonary disease at a later date.

In acute peri-anal infection there are often only a few of the usual signs and symptoms of inflammation. Pain is sometimes very slight, and swelling and redness are late in appearance, for the reasons already mentioned. On the other hand, induration and tenderness are constant and early features. It is of the greatest importance to determine the exact extent of the inflammatory process, particularly as to whether it passes across the midline. The possibility of there being bilateral ischio-rectal abscesses in different stages of development should not be forgotten. If on examination of a fistula or an abscess, a patch of induration is detected in the ischio-rectal region, sharply limited medially, and which on rectal examination does not extend towards the bowel, the possibility of the case being one of pelvi-rectal infection should be considered. Subgluteal bursitis or bony disease, local or at a distance, are other possibilities. Fistulæ of the urethra may be very confusing, but few mistakes are likely to be made if careful examination of every patient is carried out.

Lipiodol has been used recently by Mr. L. E. C. Norbury and the writer for the investigation of doubtful and complicated fistulæ. X-ray photographs of the injected tracks have then demonstrated clearly unsuspected ramifications and diverticula, and the diagnosis of fistulæ with high internal openings has been greatly facilitated. The anterior diverticulum of the ischio-rectal fossa, lying between the postero-superior layer of the triangular ligament and the inferior surface of the

anterior portion of the levator ani muscle, and passing forwards almost as far as the symphysis pubis, was in one case shown to be involved in the infection. Two skiagrams obtained after the injection of lipiodol are shown. The first shows distinctly a posterior horseshoe

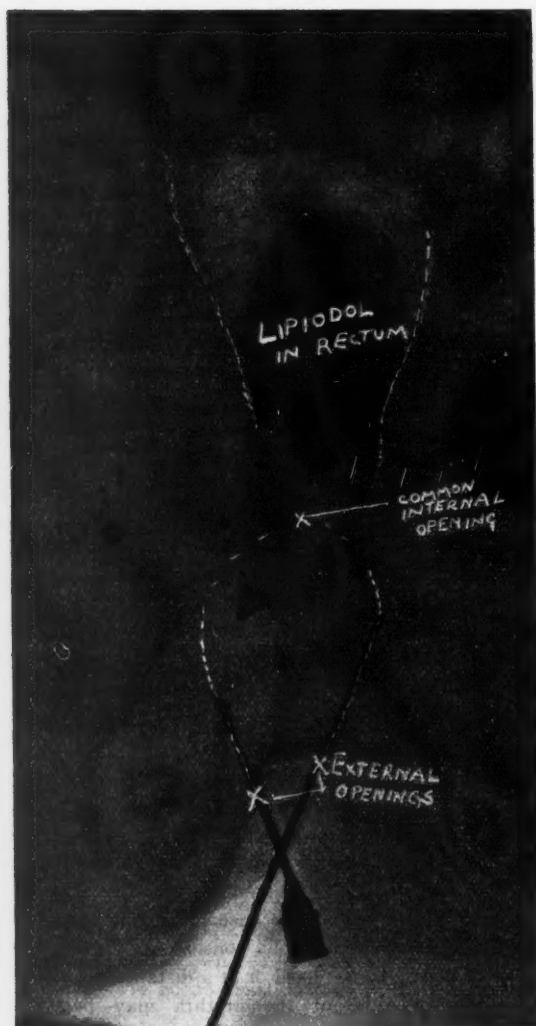


FIG. 1.—THIS SHOWS A POSTERIOR HORSESHOE FISTULA. THE LIPIODOL HAS COLLECTED IN THE RECTUM HAVING PASSED THROUGH THE COMMON INTERNAL OPENING.

fistula, with two lateral external openings and one common internal opening in the anal canal in the midline. The second photograph shows a long track passing upwards to an internal opening $4\frac{1}{2}$ in. from the anal margin, and hence obviously above the level of the levator ani muscle.

Treatment.—Prevention is better than cure, and in the case of a fistula *in ano* is often far easier. The majority of the complicated fistulae seen could have been anticipated and prevented. An ischio-rectal abscess, like a septic finger, is often a serious surgical condition, and should be treated as such. Many lives have been made a misery from constant discharge and pain, incontinence, stricture of the rectum, or the inconvenience and worry of a colostomy, as the direct result of the inadequate treatment of an ischio-rectal abscess. Simple incision or the T-shaped incision described in the text-books is insufficient.

A general anæsthetic, or, in the case of a patient suffering from pulmonary disease, some form of regional



FIG. 2.—LATERAL VIEW OF PELVI-RECTAL TRACK. THE METAL BOUGIE IS INSERTED INTO THE RECTUM, THE END OF WHICH IS AT THE LEVEL OF THE ANAL MARGIN.

anæsthesia, must be used in every case. Adequate drainage must be provided, all septic granulations carefully excised or curetted, and a flat wound, free from pockets, should be left to heal by third intention. To carry this out, a large area of skin often must be excised and the granulations diligently followed and removed, particularly near the anal canal and lower rectum. It is surprising with what rapidity healing occurs in the large ulcer formed by *cutting the top off* the abscess, provided that the granulations have been thoroughly removed. Abscesses treated in this way rarely give rise to fistula, and never to a complicated fistula. In cases suspected of being tuberculous in origin, curettage of the granulations (as distinct from clean excision) is not advisable, as metastatic infection has been recorded. Flat moist dressings are applied to the healing surface,

a daily bath is instituted, and a careful watch is kept throughout the healing period for the development of pockets and bridges of granulation-tissue.

In spite of the text-books, most fistulae lie superficial to the external sphincter, and the whole of the track can thus be fully laid open without injury to this important structure. The method of choice, in dealing with any fistula, is excision, but this is only possible in some cases. The ultimate aim, however, of a flat healing surface comparatively free from fibrous tissue can be secured, more or less, in every case.

Division of the external sphincter muscle is necessary to produce a flat granulating surface in the case of a fistula entering the bowel just above this structure. Simple division of the external sphincter, if properly carried out, will not give rise to incontinence, but there is often lost an indescribable sense of security. When a circular muscle is divided, it is obvious that the cut ends must retract, especially when the muscle is normally passively contracted and actively relaxed, as is the case with the external sphincter. This leads to a slight mechanical weakening when healing has taken place. "Division" of the sphincter is recommended in the middle line posteriorly. In reality, the sphincter is not divided in this situation, but split, for the muscle-fibres here are diverging from their point of common origin from the ano-coccygeal ligament. To prevent this retraction of the cut ends when the sphincter has to be divided laterally, the operation is just carried out in *two stages* (Lockhart-Mummery). At the first operation all the superficial tracks are followed up and laid open or excised, and the opening into the anal canal found and dilated, by passing an artery forceps through it. Within two or three weeks the portion of the sphincter for division will be firmly held in the newly-formed fibrous tissue, and thus, on division, the cut ends will remain approximated. The division of this bridge of external sphincter can be satisfactorily performed in the ward after infiltration with 2% novocaine.

The presence of submucous tracks at the internal opening should be carefully looked for and laid open. It is well to remember that serious hæmorrhage may occur after the division of the mucous and submucous layers of the rectal wall necessary in the treatment of an extensive submucous fistula. Large vessels unfortunately pass superficial to the track in the submucous layer. Where possible the probe should be inserted into the track, and the whole delivered through the anus by pulling down the mucous membrane. Division of the layers can then be carried out in sight, and the vessels secured as they are cut. If this cannot be done, it is wise to leave a large vulcanite bougie in the rectum for 24 or 36 hours.

When the internal opening of a fistula is situated above the level of the levator ani muscle, it is impossible to lay the track fully open into the bowel, as this would entail division of the external and internal sphincters, the levator ani muscle and the whole thickness of the lower third of the rectum. In such a case, that portion of the track lying below the levator (the ischio-rectal portion) is laid open, together with all its ramifications. In order to drain efficiently that part of the track lying above the levator (the pelvi-rectal portion), a large area of skin must be removed. The area of skin removed should have a diameter at least as wide as the distance of the internal opening from the external opening. Under such circumstances, the internal opening in the rectal wall above the levator will usually close.

Patience is essential in following up to their terminations all the tracks, and unless this is conscientiously done, recurrence is certain. When operating on a fistula, remember that more can be felt than seen.

To conclude, there can be no doubt that correct treatment of an ischio-rectal abscess will prevent the formation of a fistula. Exploration should not be delayed, even in cases of doubtful suppuration in this region, and fluctuation must not be waited for, as the risk of extensive fistula formation is then very great.

C. NAUNTON MORGAN.

THE ANATOMIST'S VADE-MECUM.

A Publication of 1802.

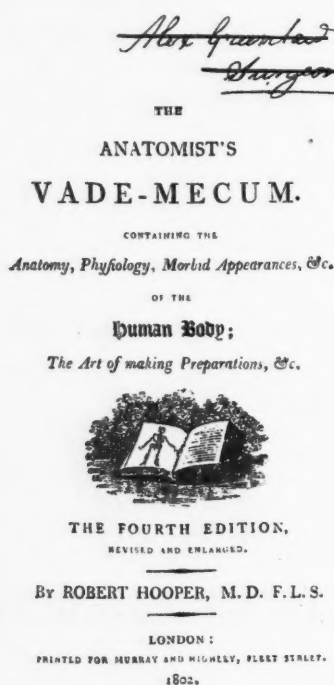


HE scope of the book is defined in the author's introduction in the following words: " . . . a short but accurate description of the different parts of the human body, and their functions; the method of preparing the various parts of the body in order to exhibit their structure, in a healthy and diseased state, so far as our present knowledge will enable us; and a glossary, or explanation, of the principal terms used in that science."

It may be presumed, from the introduction, that the information contained may be regarded as a fair summary of the knowledge that the student of 1802 should possess on the subjects now described as anatomy, physiology and morbid anatomy. The art of preparation for display and permanent preservation, the museum curator's craft, has no counterpart in the modern curriculum.

The book in question consists of 322 pages, exclusive of introduction and glossary. This fact suggests either that the range of common professional knowledge of the subjects outlined above then deemed sufficient for the student was not extensive, or that the book is indeed no more than a student's synopsis or "cram-book."

The author of *The Anatomist's Vade-Mecum* was Robert Hooper, M.D., F.L.S. The copy under review is the fourth edition, which is considerably larger than the first edition, published in 1798. The fourth edition



is graced with a frontispiece of Vesalius, and a dedication to Sir Christopher Pegge, then Regius Professor of Physic and Reader in Anatomy in the University of Oxford. Both frontispiece and dedication are lacking from the first edition. The fact that Pegge became Regius Professor in 1801 will account for the last.

The book opens with 11 pages devoted to "A Compendious History of Anatomy," of which 8 are devoted to Vesalius. Of the era before Vesalius, the author particularly notes Eristratus and Herophilis in these terms: ". . . they not only corrected many former errors, but wrote with great judgment upon neurology. They observed a variety of structure in nerves supplying different parts, and hence distinguished them into those which were necessary to sense, and those which were subservient to motion." The student of to-day usually connects this service with the name of Charles Bell, who

described the functions of the anterior and posterior nerve-roots in 1816. Anatomists after Vesalius are disposed of, in little over one page, with only the shortest references.

The book proper starts with a definition: "Anatomy is a science which explains the structure and use of every part of the human body, both solids and fluids." This definition refers to the scope of anatomy, and is not a personal claim of the author, who later states in many places that the use of an organ is unknown. Physiology then had no recognition as a separate or allied science; the first chair of physiology in England was that held by Sharpey, at University College, in 1825.

The book contains scarcely a reference to microscopy; no magnifying instrument, other than the hand lens, is referred to.

It is probable that Hooper had no knowledge of the microscope.

The opening page of the book, headed "Anatomy," contains, as well as the definition set out above, this somewhat remarkable sentence: "Analysis of the solid parts demonstrates their constituent principles to be earthy particles, connected together by an intermediate gluten!" This is surely a place for an exposition of the cellular structure of the body, if known to the author.

"The science of Anatomy comprehends, and is divided into—

Osteology	} or doctrine of the	Bones.
Syndesmology		Ligaments.
Myology		Muscles.
Bursalogy		Bursæ mucosæ.
Angiology		Vessels.
Neurology		Nerves.
Adenology		Glands.
Splanchnology		Viscera.
Hygrology		Fluids."

A counterpart of this list might be found in any of our text-books, though "Bursalogy" and "Hygrology" deserve special notice. In general, the author is methodical. He gives a definition, a description of form and texture, and the use of the structures he describes. Occasionally he gives a list of synonyms, and frequently notes of pathological or clinical interest.

The definition of bone is perhaps the best: "Bones are hard, compact, inflexible and insensible substances, composed of animal earth and gluten, which support and form the stature of the body, defend its viscera and give adhesion to its muscles." Except for the views implied that bone is a non-living tissue, and that it is insensible, the definition satisfies, and is not ungraceful.

The author apparently feels obliged to ascribe a use

to each structure, and his remarks are often trite. For example, we find the use of the scapula is "to defend the back, and give articulation to the humerus"; of the humerus, "to constitute the arm"; and of the femur, "to form part of the lower extremity."

Anatomical nomenclature seems to have been very fluid at the time, if we may judge from the large number of synonyms. The *os sphænoideale* has three equivalents—*os multiforme*, *os cuneiforme* and *os vesperiliforme*.

The articulations of the *ossa nasi* give rise to a quaint phrase—"Each bone is connected to its fellow, and the superior maxillary bone by harmony."

Clinical notes on bone include a reference to a mastoid operation to remedy deafness. Formation of a fistula of the tympanic cavity is the objective, but the author prefers simple perforation of the *membrana tympani*. There are described, also, operations for the formation of a fistula between the lacrymal sac and the nasal cavity, and trephining the sternum for mediastinal abscess.

There is a formidable list of morbid appearances of bones that may be encountered by the anatomist. It runs thus: Inflammation, suppuration, necrosis, morbid thickness, morbid thinness, mollities, hyperostosis, rachitis, exostosis, absorption, præternatural joints, diastasis, ankylosis, fracture, fissure, tophus, sarcostosis, caries, spina ventosa and fragility. Tophus apparently is syphilitic periostitis; sarcostosis is deposit of neoplasm in bone; spina ventosa is osteomyelitis.

The section on syndesmology is short and not informative, but the section on muscles is more interesting. The author uses the terms "congeneres" and "antagonistæ," but does not follow the idea through in describing individual muscles.

In the earlier edition the individual muscles are set out in tabular form, in their regional distribution, under headings—name, origin, insertion and use. In the fourth edition the descriptions are discursive. Descriptions are not inaccurate, but do not include anatomical relations.

Synonyms for the ocular muscles are:

Rectus superior	. attollens oculi	. superbus.
" inferior	. deprimens "	. humilis.
" internus	. adducens "	. bibitorius.
" externus	. abductor "	. indignabundus.

"*Patientiæ*," the equivalent of levator scapulæ, conveys the shrug of resignation, and may aptly close the list of muscles to which the expression of emotion has given a name.

Regarding physiology of muscle, Hooper differentiates voluntary, involuntary and mixed motions. Histological differences of muscle are not mentioned, though striped

muscle was described by van Leeuwenhoek in the seventeenth century.

Muscle tone is mentioned, but hardly in any approach to its modern meaning. Hooper defines the "*vis mortua*" or "*vis elastica*" by which muscles tend to retain their dimensions. He writes: "It is greater in living than in dead bodies, and is called the tone of the muscle"; there is no mention of any dependence on the nervous system.

Irritability is remarked as one of muscle's inherent qualities; the mode of contraction is peculiar to the muscle itself. Thus: "The heart contracts with a jerk; the urinary bladder slowly and uniformly; puncture a muscle, and its fibres vibrate, and the abdominal muscles act slowly in expelling the contents of the rectum."

The diaphragm is noted as the chief muscle of respiration, and its perfection is such that "though there be a complete ankylosis of the ribs, the person lives and breathes by the diaphragm, without feeling the loss." Exception might be taken to the last words; perhaps the condition referred to is emphysema.

Bursalogy calls for little attention. The synovial tendon-sheaths are fairly described under the name of "*bursæ mucosæ*," but clinical notes are entirely lacking. The prepatellar bursa even is not mentioned.

Angiology, whether descriptive of arteries, veins or absorbents, is little more than a catalogue. Clinical notes refer chiefly to aneurysm.

Ossification of the coronary arteries, writes Hooper, is supposed by some to be a cause of angina pectoris, though he shows cause to doubt the statement. An aneurysm of the pulmonary artery is described and comment passed on the rarity of the occurrence.

The epigastric artery, it seems, may be wounded by the trocar in tapping for ascites; a fatal case of hæmorrhage is quoted, with the flippant comment—"the improved method of tapping, in the linea alba, does away with this inconvenience."

There is some uncertainty as to the identity of the *salvatella* vein. The digital veins, it is stated, drain into (1) the cephalic of the thumb, a tributary of the external radial vein, and (2) into the *salvatella*, which runs along the little finger, unites with the former, and drains into the internal and external cubital veins. This description identifies the *salvatella* with the posterior vein, which agrees with the account in Macalister's text-book. The glossary gives the *salvatella* as a vein of the foot.

Incision of the median vein and the formation of varicose aneurysm by puncture of the artery beneath is mentioned. The neurology is short and contains little of interest. The cranial nerves are described in nine

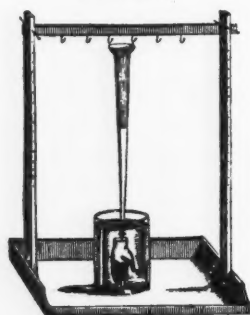
pairs. The seventh nerve consists of the portio dura, which emerges by the stylomastoid foramen, and of which the chorda tympani is a branch, and the portio mollis. The seventh and eighth pairs are indicated.

The eighth is called the par vagum. The accessory nerves of Willis, "ascending through the great occipital foramen from the fifth cervical nerve, proceed through the foramen lacerum, separate and vanish in the sternocleidomastoideus and the cucullaris muscles."

There seems no account of the glosso-pharyngeal nerve or of the cervical plexus.

Hooper gives a very fair account of the brain, but in the section of splanchnology.

THE
RUYSCHIAN ART,
and
Method of making PREPARATIONS to exhibit the STRUCTURE
of the
HUMAN BODY



THE QUICKSILVER TRAY, AND ITS APPENDAGES

The tray is to be made of mahogany, of a convenient size, and to have a small hole in one corner, with an ivory plug, to let out the mercury, when necessary. The two uprights are moveable, and cut so as to permit the cross bar to be fixed at any distance from the tray. The uprights and cross bar are only to be affixed occasionally, as when a hand or testis is to be filled with mercury.

The description of the peripheral nerves is very scanty, and the author makes no clinical notes in amplification. The synonym "great intercostal nerve" of the sympathetic chain may be noted.

The description of the peritoneum takes less than one page; its use is succinctly stated "to contain and strengthen the abdominal viscera and to exhale a vapour to lubricate them."

The hyrology seems to be the author's pride. The normal contents of organs, together with such juice as can be scraped or squeezed from them, are passed under review. In the absence of microscopy, or even of simple biochemical tests, the result is eight pages of print with a minimum of information and much duplication. In all forty-five fluids are mentioned, including mucus at least eight times.

The methodical author considers the fluids common to the whole body and those proper to each part. In the first category are the blood, the lymph, and the "vapour of the sheaths of the nerves." In the second category is a list headed by the vapour between the membranes of the brain, and followed by that in the ventricles. The fluids proper to the eye (eight, including the pigment of the choroid membrane), to the ears, to the neck, to the cavities of the thorax and abdomen follow. The list closes with the synovia, bone-marrow, and the fluids of the common integuments. The last need explanation; they include the rete mucosum, the oil of the adipose membrane, of use "to facilitate muscular motion," and the sweat. Sweat gives occasion for one of the very scanty clinical notes in this section which reveals an unsuspected national character, "a morbid increase of perspiration is termed epidrosis or sudor anglicanus."

In 1797 *The Hyrology or Chemico-physiological Doctrine of the Fluids of the Human Body* was published by the same author. It may perhaps be suggested that the 1798 edition, which was much smaller, was enlarged by the inclusion of the author's other work, and by a section, much more interesting, descriptive of the "Ruyschian Art and method of making preparations to exhibit the structure of the human body."

This section is introduced by a figure illustrating the process of injecting the vessels of the human hand with mercury. General observations on museum technique precede description of injection methods. For the preservation of wet specimens, the author recommends preliminary soaking in water to remove blood, followed by hardening in spirit; for brain, saturated solution of corrosive sublimate is preferred to spirit.

Hooper recommends permanent mounting in spirit, in bottles sealed with bladder, varnish and sheet lead. Specimens so mounted may be seen in our older museums to-day.

Injection after the method of Fridrik Ruysch, of Amsterdam, is the enthusiasm of the author. Instruments for injection of vessels of all degrees of fineness are described, and media recommended. For coarse injections, mixtures of pigment with beeswax or resin with turpentine; for fine injections, spirit and turpentine varnish with suitable pigment; for minute injections, glue, isinglass and size are used.

The preparation of a large number of specimens is described, with suggestions for mounting and colouring. Most are dried, varnished and mounted under glass.

The mercury method of the introductory figure is preferred for display of the lymphatic vessels and the testis. For the successful injection of the lymphatics of a limb, the selection of a dropsical subject is advised.

It is difficult to justly assess the value of this book.

The omissions are remarkable, unless the diffusion of knowledge was a process slower than we realize. The omission of all reference to microscopy and of facts acquired by that practice is inexplicable otherwise. Apparently the cellular structure of the body was unknown to the writer of a student's text-book in 1802, though van Leeuwenhoek worked about 1700.

More remarkable and less excusable is the scantiness of regional description. Bones, muscles, ligaments and blood-vessels are described fairly enough, but of their inter-relation almost nothing is said. It would be thought that, in the pre-anæsthetic days, when speed in operation was so desirable, anatomical guides or surface markings would have been much in evidence; such are not mentioned.

The clinical notes at times have much merit; the principle perhaps is to be commended. It is to be noted that appearances now described as pathological are not described in the foot-notes, but in the general text. The author notes the variations met with in the dissection of the human body: morbid anatomy and pathology as separate branches of study did not come within his purview.

The hygrology has no merit to modern eyes, and can scarcely have been more useful in 1802.

The Ruyschian art is much more interesting; its moral seems to be addressed more to the teacher than to the student. The preparation of permanent specimens is seldom urged on the student to-day, save by his professor of histology in the formula "stain . . . and mount in canada balsam."

The production of a fourth enlarged edition in the fourth year after first publication testifies to the popularity of the book. The inference is that it met the requirements of the student of the period. A commentary on this point might be found in the examination papers of the period, but will not be attempted here.

The *Dictionary of National Biography* records the birth of Robert Hooper in London in 1773. He entered Pembroke College, Oxford, in 1796, and graduated B.A. in 1803, M.A. and M.B. in 1804. He took the degree of M.D.(St. Andrews) in 1805, and appears as L.R.C.P. in the same year. This book—not the author's first—was published in his 26th year, while he was still an undergraduate.

The preface of the fourth edition has the address of St. Marylebone Infirmary; the first edition has not. Hooper was Apothecary at this institution, but what the duties of this post were it is difficult for us to understand. Even if this book is a compilation by a (then) non-professional man, it is a remarkable enough achievement, and evidently filled a need of the time.

It is known that Hooper settled in Savile Row and

lectured on the practice of medicine. He retired to Stanmore in 1829, but died in Bentinck Street in 1837, at the age of 63. A complete catalogue of the writings of Robert Hooper taken from the *Dictionary of National Biography* follows:

(1) *Observations on the Structure and Economy of Plants; to which is added the Analogy between the Animal and Vegetable Kingdoms.* Oxford, 1797.

(2) *The Hygrology or Chemico-Physiological Doctrine of the Fluids of the Human Body.* From the Latin of J. J. Plenck. London, 1797.

(3) *A Compendious Medical Dictionary, explaining the terms in Physiology, Chemistry, Materia Medica and the Practise of Physic.* London, 1798.

(4) *The Anatomist's Vade-Mecum.* London, 1798.

(5) *Anatomical Plates, of the Bones and Muscles, reduced from Albinus for the use of Students and Artists.* London, 1802.

(6) *Observations on the Epidemial Diseases now prevailing in London.* London, 1803.

(7) *The London Dissector.* London, 1804.

(8) *Examinations in Anatomy, Physiology and Pharmacology.* London, 1807.

(9) *The Physician's Vade-Mecum, containing the Symptoms, Causes, Prognosis and Treatment of Diseases.* London, 1809.

(10) *Anatomical Plates of the Thoracic and Abdominal Viscera.* London, 1809.

(11) *The Morbid Anatomy of the Human Brain, being Illustrations of the Most Frequent and Important Organic Diseases to which that Viscus is Subject.* London, 1826.

(12) *The Morbid Anatomy of the Human Uterus and its Appendages.* London, 1832.

L. R. SHORE.

BRONCHIECTASIS TREATED BY ARTIFICIAL PNEUMOTHORAX.

THIS is an account of a case of bronchiectasis treated by artificial pneumothorax.

Josephine O'C—, æt. 10, was admitted to Annie Zunz Ward on May 11th, 1926, with the following history:

In September, 1924, she was brought to Hospital on account of cough and loss of weight; she did not continue her attendance at hospital.

Since 1924 she has frequently had coughs and colds, and her general health has been poor.

Since May, 1925, she has complained of pain in the left chest, and which has been aggravated by cough.

Since October, 1925, any exertion more than walking

has made her breathless; she has lost weight and appetite, has been tired and listless, and has coughed up, and at times vomited, a great quantity of inoffensive sputum.

At no time has she spat blood.

As an infant she had measles, and in 1922, when 6 years old, she had pneumonia. It is not known whether the pneumonia was lobar or lobular. There is no family history of phthisis.

When admitted the child was pale and unhealthy-looking; temperature 98° F., pulse 110, respirations 35.

Examination of the chest showed the following signs:

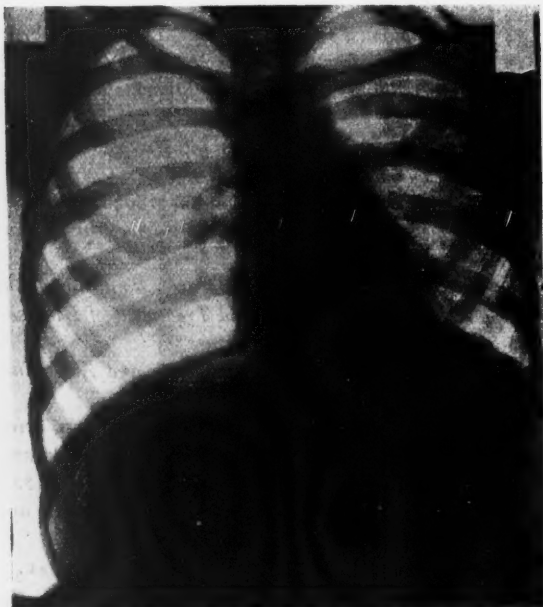


FIG. 1.—SHOWING FIBROSIS OF LEFT LUNG.

Diminished movement and retraction of the left chest, more marked in the lower half; cardiac impulse visible in the second, third and fourth left intercostal spaces in front; diminished vocal fremitus over whole of left chest. Percussion note impaired over the left upper lobe and dull over the left lower lobe. Air entry into both left lobes poor. Bronchial breathing in patches over left lower lobe, and over these areas there was bronchophony and whispering pectoriloquy; *râles*, medium and coarse, were heard over the left lower lobe and to a less extent over the upper lobe.

There were no abnormal physical signs in the right lung.

The fingers were not clubbed. The heart was displaced to the left.

The signs suggested that there was fibrosis of the left lung with dilatation of the bronchi. Culture of the sputum showed many colonies of Pfeiffer's bacillus and of the small chained streptococcus; no tubercle bacilli seen. The amount of sputum varied from 75-125 c.c. daily.

The skiagram, Fig. 1, shows the extent of the disease in the left and the absence of disease in the right lung. Examination with lipiodol confirmed absence of disease in right lung.

The diagnosis having been made, the question of treatment arose. It was decided that medical treatment

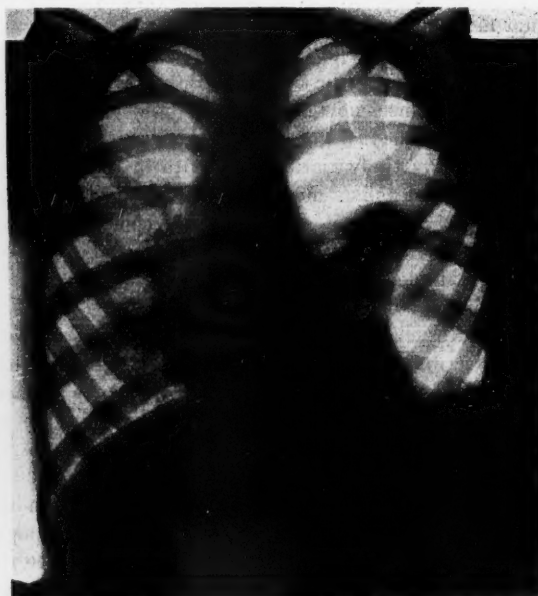


FIG. 2.—SHOWING MAXIMUM COLLAPSE AFTER STRETCHING THE APICAL ADHESIONS.

alone would do little to arrest what was a progressive disease, and so an artificial pneumothorax was induced on June 4th, 1926, 300 c.c. of air being admitted into the left pleural cavity.

Since then 24 refills have been done, between 200-250 c.c. of air being given each time, at intervals of 10 to 14 days.

Initial pressures in c.c. of water: - 4, - 12 (- 8), 300 c.c. of air, 0 - 8 (- 4). Pressures after twenty-fourth refill: + 1, - 5 (- 2), 200 c.c. of air, + 6 - 2 (+ 2).

As a result of the treatment the patient has had no sputum or cough since September, 1926, and during her stay in hospital she has gained one stone in weight.

The aim of the treatment is to secure permanent

collapse of the diseased lung, and that this is impossible can be seen from the skiagrams 2 and 3. The second skiagram shows adhesions at the apex, and a band at the base holding the lung back and preventing complete collapse.

In spite of this fairly good collapse has been obtained, and enough to bring about a marked improvement in the patient's condition.

An attempt to stretch the adhesions was made, and 600 c.c. of air introduced under pressure. As a result

As it is, it seems that the pneumothorax will abandon itself owing to the further spread of adhesions.

At present we intend to continue with the pneumothorax treatment, and if cough and sputum return to consider thoracoplasty.

This case has been presented in order to show (1) the success attending pneumothorax treatment; (2) the difficulties that may occur in continuing the treatment, and the possibility of having to abandon it in favour of more drastic measures.

I am much indebted to Dr. Hugh Thursfield for permission to publish this case.

H. A. CLEGG.

"LADIES PREFER BART'S."

(A District monologue in three breaths.)

"**W**OT I ses is, doctor, none of them young women wot I attends likes the nusses. As one young woman ses ter me the other day she ses, 'They're too exposin',' she ses; 'lot's of 'em come the last time, and me nightgown was right round me neck, and I ses to the 'ead nuss, I ses, "Must I 'ave me nightgown round me neck?" I ses, and she ses, "You keep quite," she ses, and she tells the other nusses ter come and listen ter me stumick with a stuffscope. "Do you 'ear that there 'art?" she ses ter the other nusses, and they all ses "Yes, Nuss," though I knows well enough they didn't 'ear nuffin.'

"Then arter me baby was born,' she ses, 'the Superintendent Nuss come round ter see me; nice she were,' she ses, 'but my, she were that stately; I wanted to ask 'er if the cord was 'orf—but I couldn't, she were that stately.'

"Then, doctor—them doctors from the ———! My, I shall never forget a case I 'ad up along of the Gray's Inn Road. Me an' the 'usban', we 'ad just a-shifted a marble-top washstan' from the front room ter the back, and we was a-standin' on the landin' a puffin' and a-blowin' like as we was fit to bust, when in comes one of them doctors from the ———. My, she did give me a fright. Six feet tall she were, doctor, and coal-black. She were so black that the whites of 'er eyes was black. Curly 'air she 'ad, doctor, like wot niggers 'ave, an' lips like sossidges. In she comes, an' sees the marble-top washstan' me an' the 'usban' 'ad put in the back room. 'Wot's that there washstan' a-doin' of in there?' she ses—an' would you believe it, she puts 'er arm round that there washstan', 'eaves it inter the front room an' puts it down—plonk! Then, 'Look sharp,' she ses, 'I wants four jugs of 'ot water, four basins of 'ot water, and four cups of 'ot water.'

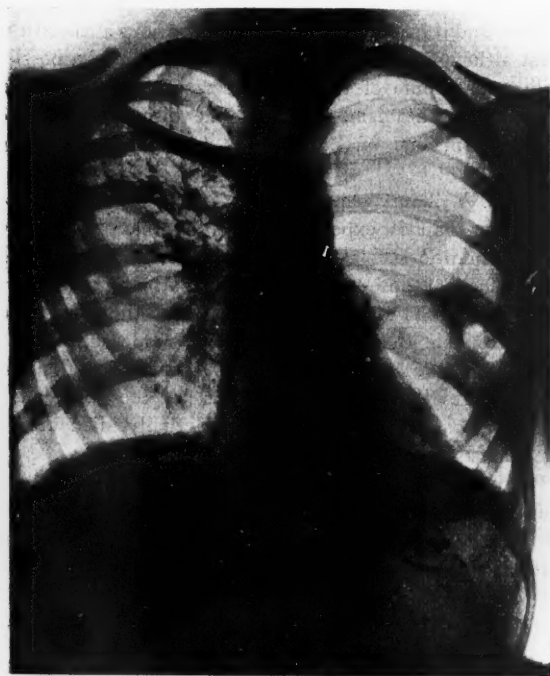


FIG. 3.—SHOWING SPREADING ADHESIONS AT BASE EXTENDING UPWARDS, OBLITERATING PNEUMOTHORAX CAVITY.

considerable stretching of the apical adhesions was obtained.

The third skiagram shows, however, that the adhesions at the base are spreading and that the pneumothorax cavity is becoming obliterated.

Had this not happened, the artificial pneumothorax would have been continued two or three years. As things are, it seems that two lines of treatment are possible:

(1) A combination of pneumothorax and phrenicotomy—as much as possible of the phrenic nerve being removed to produce fixation of the diaphragm and further collapse of the diseased lung—might be made.

(2) That a complete thoracoplasty should be done.

'Ho!' I ses—very sarcastic—'Ho! an' p'raps you'd like four saucers of 'ot water!'

"Wot I always ses ter the young women wot I attends is—'You 'ave a BART.'s doctor,' I ses, 'an' you'll be alright,' an' they always takes me advice—all except one, that is, an' she 'ad the nusses. I saw 'er arterwards—and miserable she were. 'Wot's the matter, Lil?' I ses. 'Oh Sal,' she ses, 'me baby was a-comin' bootiful, an' then, all of a suddin, me pains went right orf.' 'There you are,' I ses, 'there you are. It jist about sarves you right. Them pains, let me tell you,' I ses, 'd never 'ave gorn orf if it 'ad bin a BART.'s doctor.'"

R. A. P. G.

A CASE OF HÆMORRHAGIC TELANGIECTASIS.

THE following case is reported as one of an unusual condition of the venules and capillaries of the skin and mucous membranes.

A girl, æt. 19, was recently admitted into Brompton Chest Hospital with advanced pulmonary tuberculosis. She gave a history of epistaxis and tingling in the finger-tips for the past two years.

On examination the girl was well nourished, and showed the usual signs of extensive tuberculous disease of both lungs. Nothing abnormal was discovered in her abdomen and nervous system.

The temperature oscillated between 99° and 101° F. Her sputum was loaded with tubercle bacilli. Her urine and blood-count were normal. The tip of each finger showed from five to ten punctate subcutaneous hæmorrhages. Hæmorrhagic vessels in the form of a "spider's web" were easily visible in the anterior part of the nasal mucous membrane on each side of the septum. No hæmorrhagic spots were seen on the oral mucous membrane. The family history is interesting, as the patient's father was a "certified bleeder," but no other member of the family was similarly affected.

The patient remained in hospital three weeks, and during this period she had several attacks of epistaxis. Her chest condition did not improve, and she was ultimately sent to a home for advanced cases of pulmonary tuberculosis.

Similar cases have been recorded by C. F. T. East (1), C. M. Williams (2), and Steiner (3).

C. F. T. East made the following observations on the pathology and classification of the disease. He says "that the disease is due to a familial tendency for defects to appear in small blood-vessels, and found dilated vessels, their walls being thin and deficient in muscular

and elastic tissues. These defects render hæmorrhages liable to occur on very slight injury.

The hæmorrhages may appear in the following forms:

- (a) Irregular dilated venules scattered more or less thickly in a sort of network or mat.

- (b) A spider nævus, where little vessels radiate from a central dot about the size of a pin's head.

- (c) As tiny pink dots.

- (d) Little purple raised spots like blebs.

Distribution.—Face, cheek, nose, nasal septum, finger-tips and feet.

The disease is transmitted equally by the mother and father, and it has been pointed out by various authorities that although the disease is hereditary, there is a possibility that some of the sporadic cases may be really instances of atavism, and that the disease has been dormant in one of the parents for more than one generation.

C. M. Williams remarks that "the disease is more common than is expected, and adds that "if every physician who sees a spider nævus will ask about the occurrence of nose-bleeding in the patient and other members of the family, he will find that the disease is more frequent than has hitherto been supposed."

Steiner, who has written on the prognosis of such cases, states that "the prognosis is not too good, and that out of 171 cases, 4 have actually died from hæmorrhage itself.

Very little can be done for the patient medicinally, but cautery is said to have the best results.

I am indebted to Dr. W. J. Fenton for allowing me to record this case.

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- (1) EAST, C. F. T.—*Lancet*, February, 1926, i, pp. 332-334.
 - (2) WILLIAMS, C. M.—*Arch. Derm. and Syph.*, July, 1926, xiv, pp. 1-3.
 - (3) STEINER.—*Arch. Int. Med.*, February, 1917, xix.
- W. K. MCKINSTRY.

THE MEDICAL WARDS A HUNDRED YEARS AGO.

Extract from the *Lancet* dated April 24th, 1824.

ST. BARTHOLOMEW'S HOSPITAL.




HERE has been another highly interesting case at this hospital of the hydraulic species, the particulars of which we will give in a subsequent number. We are informed that it was a case of ascites, but the water, by some miraculous power, suddenly became converted not into urine but a fine chopping boy, who took the liberty of leaping into the world about half an hour previous to his intended passage through the cannula of a trocar. K. M. W.



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DRAMATISTS IN HOSPITAL—III.

EORGE BERNARD SHAW has touched winningly upon many institutions. It was strange that so universal an institution as a hospital should escape his penetration. Patient research has revealed a manuscript, which is here published.

Preface on Poor Patients.

In my heyday I was accused of tub-thumping and propaganda whenever I lifted my voice. Now the public (fearing some blow below the belt) become uneasy if they do not find an obvious moral in my utterances. For their relief I elucidate the windmill against which I, Quixote-like, tilt my pen. Enlightened men flatter themselves that they no longer heed the thaumaturgies of Purgon, with his "De la bradypepsie dans la dyspepsie"; that a modern Argan has the doctors under his moneyed thumb; that the dicta of an Eddy or a Freud are making the medical profession look to its laurels. But the readers of high-toned weeklies are too busy taking in each other's intellectual washing to consider the position of patients in a hospital, except to drop a pious shilling into the grimy hand of some second-rate medical student emulating a third-rate clown upon his "Hospital Day."

That a poor man in search of health has to undergo indignities comparable only to those of an English law court crosses their minds no more than it does the doctors'. Yet neither is to blame; one class is too ignorant, the other too knowing; both must be taught. In short, my play aims at the mind of the clubman and the heart of the medico.

To avoid a libel action with some eminent medical man, I have made Carvon a composite of some of my earlier characters. Why not? Wagner composing Parsival unblushingly lifted his Kundry themes from his father-in-law's B flat minor Sonata. Ibsen writes Ghosts after reading a garbled account of G.P.I. What a German and Scandinavian can do with other people's work, surely a British genius can do with his own?

A critic, while declaring that he has no wish to insist on sex as a dramatic motive, deduces from the absence of woman in this play that I am not a dramatist, and cannot portray women! Apart from love interest, I take it he wishes to see an exposition of womanliness, *i.e.* reliance upon "intuition" and preconception, charming vacillation of mind, and piety and respectability covering a devastating lack of scruple or conscience. He will find it in the portrait of any average physician.

London, 1927.

NOTE.—*The subject-matter of this play demanded that the usual division into three acts should go. I here defy the playgoer who demands an interval solely to visit a bar, where he comfortably befuddles a mind already bedevilled by my brilliance.*

The Out-patient Room of St. Odge's Hospital. Carvon, the physician, chatty and urbane, his face studiously humane, awaits his patients. BLACK, an anxious student, enters, followed by GRINLY, a suspicious and assertive Cockney, at present containing himself with difficulty.

BLACK (*nervously gabbling*): A man, aged 40, complaining of pain in the head while reading.

CARVON: H'm. Remember that this man wont read much, so that probably the pain is due to something else, but noticed during a laborious occupation. (GRINLY glares at the students assembled, who titter.)

CARVON (*to GRINLY*): When did it first come on?

GRINLY: I told im.

CARVON: I asked when it first came on.

GRINLY: Ave I got ter tell it agen?

CARVON: Certainly. (*To the rest*): There is something marvellously obtuse about the mind of the hospital class, which is irksome. We must overcome it, though. Read Osler.

BLACK: Yes, sir.

CARVON: And when did the pain come on?

GRINLY: I dont want to irk yer.

CARVON (*blandly*): We can probably construe this patient's surliness as a symptom possibly related to his headaches, both fitting into a certain syndrome. (*Confidentially*) You understand.

BLACK (*nodding very knowingly*): Oh yes, sir.

CARVON: Or it may be habit. (*Musingly*): Habit! Do you read Butler?

BLACK: Not—not yet sir.

CARVON: My dear boy—

BLACK (*desperately*): I was saving it up for my finals, sir. (*The class reflects Dr. CARVON's acid smile, to the discomfort of BLACK and the increased suspicion of GRINLY.*)

CARVON: Has it any relation to food? Does the man overeat? Is he a heavy drinker?

BLACK: No sir.

CARVON: How do you know? We've only his word for that.

GRINLY: Ere! I told im I dont drink, and I dont, see?

CARVON: Look at his belly, someone.

GRINLY: Ere! I got a bad ead.

CARVON: You must allow us to judge. Remember you're getting a three guinea consultation free.

GRINLY (*pushing aside the student who is nervously tickling his ribs*): Free? Dont I pay it out? Dont I risk me trade wasting a morning ere? I give my docter full perticklers, then I tells you, then (*contemptuously pointing to BLACK*) to im, and now ter yew. Aint yer got brains to take it in fust time, instead of inting I aint nice ter knaow? Garn! Read Pelman.

CARVON (*politely*): I'm sorry, Mr.—er—Grinly. You are a man of education?

GRINLY (*violently*): I aint. Im a thinking man. Wot's the use of curing me trouble by giving me lots more? I want consideration, not homeopathy. Maw ed's urtin'.

CARVON: How can we help you when you refuse to speak?

GRINLY (*fervently*): Gawd elp me. Gawd elp us all.

CARVON: Very excellent sentiments, but—

GRINLY: I suppose E aint qualified, eh?

CARVON (*gravely*): Blasphemy is useless, Mr. Grinly.

GRINLY: Wot about blaspheming agenst my umanity. Aint I more than a bloomin doll? I'd rather keep me eadache than lose me soul. I'm off ter see a docter. (*He goes.*)

CARVON: I'm sorry, gentlemen. Remember, in dealing with a class, mostly illiterate labourers, imbued with catchwords of the class-conscious politicians, one must show tolerance. Read Dickens. We who have the blessed opportunity for literature can find much to help our understanding. Read Morris. By the way, Black, what *was* this man's job?

BLACK: He owned a second-hand book-stall, sir.

M.

WOMEN'S GUILD.



VERY successful meeting of the Women's Guild was held in the Great Hall on March 31st.

Lady Sandhurst explained how much new members were needed to carry on the work of the Guild. It was a great pleasure to have Miss Paget with them that afternoon, as she would be able to explain that work in detail.

Miss Paget began by explaining the objects and works of the Guild, and also the way in which it had been formed. To many of us present this had been quite unknown, and we had certainly not realized the varied, extensive and invaluable work which the Guild performed for the assistance of both the in-patients and out-patients of the Hospital. For the in-patients many comforts were provided—recently, for example, some new feather pillows, which added considerably to the patients' comfort; again, a large proportion of

the clothing worn by these in-patients is made by the Guild.

For the out-patients the work is very difficult, and considering the success with which the Guild works in assisting out-patients, it can hardly be sufficiently praised.

Miss Paget thus gave us a vivid picture of the work of the Guild, so clearly described that we could not fail but to give our best assistance to so good a cause.

Mr. Vick said that after the wonderful speech by Miss Paget little was left to be said, but he wished to emphasize the work of Miss Ball and her staff, which work can only be said to be beyond praise and of infinite value to the Out-Patient Department.

The meeting was extremely successful, many new members being enrolled; at the same time we spent a very pleasant afternoon due to the excellent work of Mrs. Barris in arranging the catering and a most enjoyable musical entertainment. W. E. U.

DE MEDICO PUELLAQUE.



ILL you walk into my surgery?" said the doctor to the girl

(The damsel's name was Beatrice, the doctor's name was Turle.)

"I've lots of little bottles all set out upon the shelf; Just step inside the doorway here and look at them yourself."

"Oh, thank you, sir," the girl replied, "I'm sure you're very kind,

But yet I must not waste your time"—said he "Oh, never mind;

I want to show you many things, 'twill interest you much,

My instruments, appliances, my stock of drugs and such.

I've bottles full of iodine, of tincture digitalis,

Of ipecacuanha and of liq. arsenicalis,

Of fragrant asafoetida, of elixir camph. co.,

Of soda sal. and ammon. brom. and strychnine, don't you know.

This charming little bottle I feel sure you will suspect Contains that enervating fluid spirit vini rect.,

And several tablespoonfuls of this nectar in your tea

Will make you quite ecstatic, Miss, with everything you see.

You've had some metabolic trouble some time I feel sure,

So let me recommend you soda bic. (a certain cure).

This prussic acid, madam, I can strongly recommend,

But yet an ounce or so too much will often mean the end. Now here you see a little tube so shiny and so clean,

I use for tracheotomy—a thing you've no doubt seen.

It is an awful nuisance if you cannot get your breath,
 In fact, if it is very bad, I've known this lead to death;
 But if your breathing needs no help, I've knives in rows
 arrayed,
 And here we have a scalpel, Miss, and here a smaller
 blade;
 And though it's still a secret, I remember how our maid
 Once used those knives for cutting orange-peel for
 marmalade.
 And here we have some larger ones with which I often try
 To remove those congenital multiple cysts from the
 corneal coat of the eye.
 I've boxes full of wooden splints and aluminium too,
 And I am very willing, Miss, to lend a set to you.
 This pair of Waring's shears you see I use for cutting
 bone;
 You're very welcome to them if you've got none of your
 own.
 Here's A.C.E. and G.O.E., the stuffs you sometimes
 smell
 Because such painful processes are apt to make one yell.
 I've cotton-wool and bandages and gauze so neat and
 clean—
 The other day a lady said it rivalled crêpe de Chine!
 You've only got to mention what you'd like me to essay,
 I'll operate with pleasure, Miss, without the least delay."
 "Oh, thank you, sir, you're very kind," the blushing
 girl replied,
 "But I'm afraid there's nothing wrong at all with my
 inside;
 My arms and legs are safe and sound, my heart and lungs
 as well;
 About my indigestion, sir, I fear there's naught to tell.
 Your amputation knives I really think weren't meant
 for me,
 Although I must admit they're awfully pretty things
 to see;
 And so your splints and bandages, your cotton-wool and
 gauze
 I really think you'd better keep to use in worthier cause.
 But inasmuch as you're so kind, your conduct, sir, to me,
 Is capable of being described as generous and free;
 And when we say its capable of being so described,
 We mean you really couldn't have been kinder if you'd
 tried."
 "But I am disappointed," he replied, "that you've
 refused,"
 And fail to find the reason why you seem so much
 amused."
 "GET UP!" she screamed, "it's half-past nine, the
 day is growing old,
 And if you're not down jolly quick your coffee will be
 cold."

F. W. J. W.

ABERNETHIAN SOCIETY.

A MEETING of the Society was held in the Medical and Surgical Theatre on Thursday, March 17th, 1927, at 8.30 p.m., when the Terminal Sessional Address was delivered by Sir Humphry Rolleston, who spoke on "Idiosyncrasies."

Idiosyncrasies, he said, prevented medicine from being mathematics, and explained why patients were not clockwork animals. One had to consider and estimate the patient and not the disease, each patient being a new problem, and not a machine occupied by a specific morbid process.

Idiosyncrasies were abnormal reactions in an otherwise normal individual, the result of unusual personal equations, and must not be confused with the altered tolerance to drugs resulting from organic defects, such as was found with calomel in nephritis, opium in pain, and iodides in syphilis.

Allergy was a response altered in both amount and time; anaphylaxis now meant hypersensitiveness produced by a former injection of a foreign protein. Diathesis, a conception driven out of favour by the bacteriologist, was again becoming fashionable; it meant that there was a definite tendency in a certain class of patient towards a given disease, such as tuberculosis, gastric ulcer, etc., whereas idiosyncrasy did not predispose towards any one disease.

Antipathies were modified idiosyncrasies of a psychical nature, as evinced by the mental horror of cats shown by some great soldiers; by Boyle, who fainted at the splash of water; and Nicanor, who behaved similarly on hearing a flute. It has been suggested that the mutual antipathy of some married couples was due to their belonging to different blood-groups.

The site of the manifestations depended on the local resistance, being usually the skin, the bronchial and nasal mucous membranes, the alimentary canal, and sometimes the central nervous system in the cases of epilepsy and migraine.

Idiosyncrasies towards foods were marked in children, becoming less as the child grew older and became desensitized. In the case of substances like egg-white, which was used for clearing soups and glazing buns, it might be unsuspected or misunderstood; for instance, a doctor for years thought that he was hypersensitive to salmon, but found it was really the parsley sauce. The connection between veal and purgation, honey and headaches, figs and pruritus, rice and asthma, strawberries and rash was well established, as well as the suggestive fact that certain brands of champagne adversely affected people sensitive to gooseberries.

Idiosyncrasies towards drugs was an important matter: a quarter of a grain of quinine produced a rash in some, whilst five grains of potassium iodide produced a bullous eruption in others. Morphia and bromides could excite some patients; belladonna could cause a rash, and one brand of aspirin could induce asthma. Some people were sensitive to arsenic, cocaine, adrenalin or thyroid extract—in fact, all the useful drugs. Veronal was especially dangerous, as death had been known after five grains, and recovery after one hundred.

Sir Humphry felt that any discussion on idiosyncrasy that included no reference to asthma was like a presentation of "Hamlet" that omitted the Prince of Denmark, but that the time left at his disposal would permit of only a brief mention of this complaint, and rather than treat it thus inadequately he would draw his lecture to a close.

Dr. LANGDON BROWN, in proposing a vote of thanks, said that one of his first meetings with Sir Humphry was when in his final M.B. he was asked what he knew about drug rashes. He was forced to admit that drugs were given with such skill at St. Bartholomew's, he had not seen any. Sir Humphry, being a physician and a landman, had naturally been made a Surgeon-Admiral in the war. The subject of the lecture was an extremely interesting one, and he thought it was neatly expressed in the remark that "immunity is assimilation," and that "anaphylaxis is the last stand of the protoplasm against adulteration." He was sure they had spent an exceedingly entertaining and enlightening evening, and he proposed a hearty vote of thanks.

Mr. WINDLE, in seconding, professed that the idiosyncrasies that interested him most were those of his examiners; he had come this evening to discover what these were, and he now looked forward to his final M.B. with confidence.

The vote of thanks was carried with enthusiasm; Sir Humphry spoke a few words in reply, and the meeting was declared adjourned.

CORRESPONDENCE.

EVOLUTION RECONSIDERED.

SIR,—Will you allow me, though late, to offer some criticisms on an article by Dr. Willoughby, entitled "Psychological Evolution," which appeared in the January number of the JOURNAL.

I have not discovered what the dominating idea of the article is, or why the writer gives the title "Psychological Evolution" to an extremely diffuse paper on the history and relations of certain words or groups of words. My concern is with the actual etymological details of which the paper largely consists. I will take some of these in order.

P. 59, l. 3: "*Homo lalus*." There is no Latin adjective *lalus*. The word *λάλος* (*lalus*), talkative or loquacious, is Greek.

l. 16: The Greek word for tongue is not "glossus," but "glossa," *γλῶσσα*.

l. 16: The Greek word "glottis," *γλωττίς*, does not mean "the throat," but the glottis.

l. 16: Even if "glossus" had been the Greek for tongue, glottology obviously could not come from it, but from a form glottus. There is a form *γλωττα*, the Attic equivalent of *γλῶσσα*.

l. 18: A description of glottology, such as that which follows, is not a "definition."

l. 44: "Yet it is not Greek more than English." This is an example of the looseness of this article. The word *ῥα* is a Greek word and is not an English one, so to say that it is not Greek more than English is simply untrue. And similarly as regards Kamskhatkan. If the writer means that certain Greek forms, certain English forms and certain Kamskhatkan forms have descended from common sounds made by human beings (roots) before there were any people who could be called Greek or English or Kamskhatkan, he should say so. But it would be wiser to omit all reference to Kamskhatkan unless he is prepared to show that it contains a word which there is reason to suppose has descended from the same root as *ῥα*.

P. 60, col. a, ll. 4, 5: "The word means 'originally "any period" of time.'" In ll. 9-11 it is asserted that nothing is more certain than that this is wrong. If the writer had read the part of the article in Liddell and Scott before the large A, he would have seen the words, "so that the word seems originally to have denoted *year*." And yet he writes, "According to Messrs. Liddell and Scott [why "Messrs."?] . . . the word means 'originally "any period" of time,'" and then says that Liddell and Scott are wrong. Moreover, when they pass on to classify the meanings of the word they do not say under A "any period of time," but "*any time or period*, fixed by natural laws and revolutions, whether of the year, month, or day."

Dr. Willoughby should at least quote correctly.

l. 15: "I have no doubt equally Choctaw and Kamskhatkan words." Again a mere rhetorical flourish. No Choctaw or Kamskhatkan words are produced in support of the suggestion. "I have no doubt" is not evidence, even in etymology, but it is the only foundation on which various suggestions in this paper rest.

l. 21: "Jour" is not derived from "hora," but from dies, diurnus.

l. 23: "Oer" does not mean "time past"; it simply means "over," and "over" is not from "hora," but allied to Greek *ἐπί* and Latin *super*.

l. 24: "Here" does not mean "now." It means "in this place," or "in the present life or state," and is allied with a Gothic word meaning "this."

l. 25: "Itself a monthly lunar period," as we have seen Liddell and Scott suggest that the word originally denoted "year."

l. 28: *ῥα* is earth. Calling it "Mother Earth" does not bridge the gap between a period of time and a solid thing in space. What has it got to do with hora?

l. 32: "Ear." The word, which is a different one from the word meaning the organ of hearing, means the spike or head of a plant of Indian corn or other grain.

ll. 33-40 and 41-49: These two paragraphs are a farrago of wild and irresponsible guesses. For example, the writer says, "The first syllable of *Menads* is *μήν*, a moon or month." It is nothing of the sort; it is *μαῖν*, which is the first syllable of *μαίνομαι* to be mad.

Again, the words "calendar," "to calender" and "colander," have nothing to do with each other. Calendar is from the Latin "Kalends." To calender is to press between hot rollers and is connected with cylinder. A colander is from the Latin *colo*, to strain, and *colum*, a strainer.

l. 50: The writer says, "The alternative to calendar is Al/men/ach,

a rather obviously monthly count," apparently meaning that the second syllable of Almanac is connected with the Greek *μήν*. The word is of Arabic origin. A Hebrew scholar of my acquaintance writes "that a piece of a Semitic word should be derived from or allied to Greek is, I should say, unthinkable."

Al is the Arabic definite article. What the writer means by saying it "is equivalent to the French *le*," and by associating it with "salvation," which comes from the Latin *salvus*, safe, I cannot conceive. We seem to have deserted reason altogether, and to have wandered with Alice into a Wonderland, but not an amusing one.

Col. b, l. 25: "*Capitas agere*" is quite unintelligible. I know no such word as "*capitas*."

l. 7 from bottom: "Aptising" would appear to be printed instead of "baptising" intentionally, as if to make it more like "ablution." This is mere playing with words.

P. 61, col. a, ll. 21, 22: Ever has nothing to do with *ver*, spring.

col. 2, l. 10: The Roman month was not a calendar, and was not "divided into" Kalends, Nones, Ides and Antekalends. The kalends were the first of the month, the nones and ides were other dates in the month. The irregular spaces between dates were thus not four, but three.

Many other criticisms might be directed against this paper. It is not easy to discuss it with restraint, especially when one reflects that it was presented to a class of readers whose studies are not of a kind to enable them to estimate it at its real value, and that a morning spent in the company of a good Greek, Latin and English dictionary would have shown the writer that a great deal, if not all of it, ought never to have been written.

Yours faithfully,
F. C. POYNTER.

CARBON DIOXIDE.

DEAR SIR,—My attention has been drawn to the fact that the sparklet device mentioned in the article on carbon dioxide in your last number was devised by Dr. I. W. Magill, and described by him in the *Lancet*. I regret that I missed this article, the only reference to the device which I had seen being in a paper by Dr. Whitridge Davies in *The British Journal of Anaesthesia*, where a similar holder for "J" type bulbs was said to be "designed by Messrs. Sparklets Ltd." As this article was published some time later than the preceding one, there is no doubt that Dr. Magill's name should be attached to this ingenious apparatus. I trust that he will accept this apology that an error was made.

Yours faithfully,
C. LANGTON HEWER.

STUDENTS' UNION.

RUGBY FOOTBALL CLUB.

ST. BARTHOLOMEW'S HOSPITAL v. GLOUCESTER.

Played on March 26th at Gloucester. For this match Gloucester were without Voyce and Millington, while we lacked the services of Vergette, Bettington, Jenkins, Guinness, Grace, Prowse and Roxburgh. R. N. Williams won the toss, and had the assistance of a strong wind. Gloucester pressed at the outset, but our defence was sound, Taylor in particular making two good saves. The Hospital then gained ground by means of judicious touch-finding by Gaisford, and nearly scored following a forward rush, but the home side touched down; from the drop-out, however, Gloucester took play into our "25," and their scrum-half slipped over for a try between the posts, the easy kick failing. Rowe then intercepted in his own half and broke away on his own, but kicking over the full-back's head he just failed to get the touch. Gloucester were then penalized near the touch-line, and Gaisford kicked a perfect goal, judging the wind excellently.

Half-time: Gloucester, 1 try (3 pts.); Bart's, 1 penalty goal (3 pts.).

The Hospital now had to face the wind, but the forwards gained ground by means of combined dribbles, which were proving very difficult to check. Lloyd then made a strong run, but was forced into touch, and from the ensuing scrum, short passing among the forwards saw Thompson score a good try. Fifteen minutes from the end saw us still leading, but Gloucester then equalized from a penalty

goal from the half-way line. Play now became very keen, and Gloucester went ahead with a try that appeared to have been scored from an offside position, but the referee, as explained afterwards, was unsighted. This disheartened our young team, and Gloucester scored two more tries in quick succession from scrambles near the line.

Our team, with seven of the "A," played very well until the end, and should give a good account of themselves next season. Gaisford was at his best, and Taylor and Rowe showed great promise, while all the forwards were good, with Williams and Maley outstanding.

Result: Gloucester, 1 goal, 1 penalty goal, 3 tries (17 pts.) Bart.'s, 1 penalty goal, 1 try (6 pts.).

Team: W. F. Gaisford (*back*); W. J. Lloyd, J. T. C. Taylor, J. T. Rowe, E. M. Ward (*three-quarters*); B. Rait-Smith, T. P. Williams (*halves*); R. N. Williams (*capt.*), M. L. Maley, H. D. Robertson, G. D. S. Briggs, W. M. Capper, V. C. Thompson, H. G. Edwards, J. S. Knox (*forwards*).

HOCKEY CLUB.

HOSPITALS JUNIOR CUP FINAL.

Having beaten Middlesex II and King's II on their way to the final, Bart.'s II met Thomas's II at Richmond on Thursday, March 24th.

The ground was in good condition, although the afternoon was rather a damp and cheerless one. Briggs, just back from South Africa, played right back for the Hospital. Bart.'s started well and were soon pressing strongly, it being only a few minutes from the start when Bell took the ball away from a Thomas's back and, dashing into the circle, scored with a good shot. Soon afterwards Bell repeated his effort, making a good individual run from the left and giving the goalkeeper no chance. Two goals up seemed to promise an easy victory, but for the next twenty minutes Thomas's had the better of the game. They could not get through the Bart.'s defence, however, where Briggs and Lockhart were playing well, with Hodgkinson safe in any emergency. Consequently the next score was again by Bart.'s.

Bradshaw got the ball on the right and hit across a hard pass to the centre. Bell took it, and, drawing the back, slipped the ball to Slinger, who hit it hard into the net. This was a very good goal.

Just afterwards Thomas's made the score 3-1, and this was the half-time score.

On changing over Thomas's made strenuous efforts, and their outside right in particular gave the Bart.'s defence plenty of trouble. Eventually one of his centres was picked up and a good goal scored.

After this play was very even, and the result appeared doubtful until Neil got away for Bart.'s, and centred for Liff to put his side 2 up again. Later play became scrappy, and nothing of note occurred except a good goal by Neil for Bart.'s. Running in from the right he took the ball into the circle by a fine run and, after having his first shot saved, followed up well and scored the fifth and final goal for the Hospital, who thus won by 5-2.

The whole team played a splendid game, and are to be heartily congratulated on winning back the cup they won in 1924-25. To mention individuals is perhaps unnecessary where everyone did so well, but Lockhart played such a good game at left-half that an exception must be made. He had only played a few games in this position for the Hospital, but he gave a fine display in attack and defence.

K. W. D. H.

NEW INVENTIONS.

(Contributions to this column are invited.)

UTERINE DOUCHE DILATOR.

This consists of two halves, which, when closed, resemble an ordinary uterine douche. Each half is hollow and perforated at the distal extremity, so that fluid can pass through it and be sprayed out at the end. The douche is passed into the uterus in the usual manner, and then by slight pressure on the handle it is made to open. By this means the cervix is held open during the process of douching, thereby facilitating the passage out of the uterus of any foreign matter.

(Makers: Messrs. Allen & Hanbury, of Wigmore Street.)

J. E. HEPPER, M.R.C.S., L.R.C.P.

REVIEWS.

LENK'S INDEX AND HANDBOOK OF X-RAY THERAPY. Translated by T. I. CANDY. (London: Oxford University Press, 1926.) 6s. 6d. net.

This little book fills a long-felt want in lifting the veil of mystery and magic with which many doctors have clothed X-ray treatment, and, as the author points out, in instructing general practitioners in the indications and prognosis of this branch of therapy. It also introduces a clever treatment formula, succinctly summing up the many variable factors in a complete course of treatment, while at the same time remaining sufficiently elastic to suit varying opinions and patients.

It would be an excellent thing if such a formula were universally adopted, as the present transference of details of treatment from one radiologist to another is often a complicated and cumbersome business.

Some of the doses and penetrations appear on the small side according to the teaching of this school, but the author is not unduly optimistic, and never shirks his heading, "Mode of Action."

Practitioners interested in modern methods of treatment, budding D.M.R.E.'s as well as radiologists are strongly recommended to read and refer to this concise and excellent little volume.

G. T. L.

CAVERNOUS SINUS THROMBOPHLEBITIS. By WELLS P. EAGLETON, M.D. (New York: The Macmillan Company.) Pp. 196. 12s. 6d. net.

In this work the various types of cavernous sinus thrombosis are dealt with, and it consists in the main of a review of 25 cases which have come under the personal observation of the author.

The routes of infection which may give rise to this condition are considered in detail, as well as the different clinical types of the disease which may be found.

A strong plea is put forward by the author for the earlier diagnosis of the condition, and also for the abandonment on the part of the surgeon of a despairing mental attitude when faced with a case. The treatment advocated is radical and operative, and in most cases involves ligation of the common carotid artery.

The book contains a full bibliography of the condition, and it is a definite contribution to the study of the subject.

URINARY SURGERY. By W. K. IRWIN, M.D., F.R.C.S.E. (London: Baillière, Tindall & Cox.) Pp. 271. 10s. 6d. net.

This book is the second edition of a work which appeared in 1923 under the title of "Surgical Urology," and is intended primarily for the general practitioner.

In the main the subject is dealt with under the headings of symptoms. This arrangement inevitably involves considerable overlapping and repetition. In addition to this there are parts of the book where pathology, signs, symptoms and treatment are crowded into a single paragraph. From the point of view of the student we cannot, therefore, recommend this book as an introduction to the subject of urology.

Parts of the book could be considerably improved by the introduction of diagrams.

THE HEART AND ITS DISEASES: A HANDBOOK FOR STUDENTS AND PRACTITIONERS. By E. F. CHAPMAN, M.D. (Durham), M.R.C.P. (Lond.). (Edinburgh: E. & S. Livingstone, 1927.) 8s. 6d. net.

Dr. Chapman, having bound himself to produce a small book, seems constantly to have held himself in check for fear of making it a large one.

Hence this monograph contains little information about the heart which cannot be gleaned from an average text-book of medicine. Several of the chapters have promising titles, such as those on "Cardiac Reflexes" and "Anæsthesia in Heart Disease," but the whole book makes disappointing reading.

Though good in quality, it is so deficient in quantity as, in our opinion, hardly to be worthy of purchase.

PRACTICAL METHODS IN THE DIAGNOSIS AND TREATMENT OF VENEREAL DISEASES. By DAVID LEES, D.S.O., M.B., F.R.C.S. With an Introduction by WM. ROBERTSON, M.D., F.R.C.P., D.P.H. (Edinburgh: E. & S. Livingstone, 1927.) 15s. net.

An admirable addition to the literature of venereal diseases, this book is essentially practical and marvellously detailed in its descriptions of clinical examination, diagnosis (including pathological diagnosis) and treatment. As instances of the latter may be quoted the "set courses" of treatment for syphilitic patients. While recognizing that every case must be treated, to some extent, on its merits, the author presents, in Chapters XII to XV, a kind of time-table giving the precise treatment which he adopts in average cases of the various stages of syphilis—including congenital syphilis and syphilis during pregnancy. This is a welcome inclusion. Many authors say vaguely, "Give arsenic, mercury or bismuth"; Mr. Lees tells us how and when to give each.

He includes, also, a useful chapter on intolerance to arsenical preparations, and a 24-page pharmacopœia for venereal cases.

The section on gonorrhœa is as full and as good as that on syphilis, and the photographic illustrations to both sections are the best we have seen.

BACTERIOLOGICAL ATLAS. A Series of Coloured Plates illustrating the Morphological Characters of Pathogenic Micro-organisms. By RICHARD MUIR. (Edinburgh: E. & S. Livingstone, 1927.) Pp. 134. 60 plates. 15s. net.

Whatever may be the reason for the production of this book, the format is very attractive. Too attractive perhaps, for not only are the drawings made with the help of a much higher magnification (X1500 diameters for the most part) than is commonly attainable, but also it is seldom that the artist's beautifully clear colour schemes are seen in ordinary laboratory work. The descriptions to the plates are good but brief. A beautiful example of the attainments of colour printing.

THE PRINCIPLES OF PATHOLOGY. By CHARLES POWELL WHITE, M.D., F.R.C.S. (London: Longmans, Green & Co., Ltd., 1927.) Pp. 279. 15s. net.

This very readable book makes an extraordinarily interesting first step in the evolution of a philosophy of pathology. Leading minds have for some years been groping for the thread which will bind together the facts brought out by the post-mortem knife and the microscope. It is fortunate that the author is himself a laboratory worker, for his reasoning is essentially scientific.

His introductory Part I deals with morphology, growth, metabolism, etc., and subsequent parts with the causation and processes of disease. Each factor is dealt with in a conscientious and markedly original manner. While more attention is paid to the relation between pathological processes than to the details of those processes, the reader has to have the knowledge of at least a senior student to supply the gaps. The book is light, well printed, and not nearly as formidable as the text-books of pathology. The index is a model; being an expression of purely personal opinion, the author has intentionally omitted a bibliography and references.

We can thoroughly recommend this work to those who, after qualification, would like to reassemble their ideas.

COMPENDIUM OF REGIONAL DIAGNOSIS IN AFFECTIONS OF THE BRAIN AND SPINAL CORD. By ROBERT BING, Professor in the University of Basle. Translated from the 6th German edition by F. S. ARNOLD, B.A., M.B., B.Ch.(Oxon.). (London: William Heinemann, Ltd.) 3rd edition. Pp. 204. Illustrations 102. 15s. net.

The 3rd English edition of this well-known continental book makes available advances made from war experiences. Being thoroughly up to date, it keeps up its position as a very fine book of reference. The illustrations have been carefully revised and improved.

MINOR SURGERY AND BANDAGING. By GWYNNE WILLIAMS, M.S., F.R.C.S. (London: J. & A. Churchill, 1927.) 19th edition. Pp. 249. 247 illustrations. 10s. 6d.

This handbook still continues to maintain its excellent standard, and the revisions in the 19th edition are adequate. For the surgical dresser and house surgeon there are few books which can so readily command recommendation.

One flaw is noticeable in a book which gives such consideration to the pitfalls of minor surgery: there is no reference to the possible confusion of the Moss and Jansky blood-groupings.

TREATMENT OF VENEREAL DISEASE IN GENERAL PRACTICE. By E. T. BURKE, D.S.O., M.B., Ch.B.(Glas.). (London: Faber & Gwyer, Ltd., 1927.) Pp. 158. 5s.

To write a readable book on a subject which at first sight would appear to resolve itself into lists of drugs, their doses and effects, is an achievement. Dr. Burke deals with the history and administration of all the standard drugs in use in the treatment of venereal diseases, and adds detailed courses of treatment for different types of cases. His advice, he claims, constitutes the irreducible minimum of treatment. Mercury he relegates to obsolescence in favour of arsenic and bismuth, but for those who feel "a reluctance to discard an old and useful friend," he gives it full discussion.

There are several useful appendices, notably on collection of pathological material and on secondary infection in gonorrhœa.

The *obiter dicta syphilitica* and *gonorrhœica* are both witty and wise.

DISEASES OF THE NERVOUS SYSTEM. A Book for the Recording of Cases and Text-book combined. By B. BURNETT HAM, M.D., D.P.H. (London: Ash & Co., 1927.) 2s.

Dr. Ham's booklet has a misleading title. The "text-book" part of it consists of a page or so of notes on each type of case—useful perhaps for frenzied conning in the ante-room of an examination hall, or for a quiet glance during note-taking, but as a substitute for book work, of no value. The rest is blank except for titles and outline figures of the anterior aspect of the body. Delete "text-book" from the title, and there remains a record book for nerve cases for the use of any medical student who is taken that way.

PRACTICAL GASTROSCOPY. By JEAN RACHET, M.D. Translated by F. IMIANITOFF. (London: Baillière, Tindall & Cox.) Pp. xii + 146. 10 Plates. 15s.

This book gives a clear account of the development of gastroscopy and its clinical possibilities. No extravagant claim is made by the author for its use, as the technique has only been perfected quite recently.

The various types of gastroscope are described, particularly a new instrument invented by Bensaude, based on the principles of the modern cystoscope. This appears to be more efficient in exploring the cavity of the stomach than the older type of instrument, but it necessitates the genu-pectoral position for the examination, with hyper-extension of the head. The passage of the gastroscope appears frequently to be difficult, and must certainly be extremely unpleasant, as it can only be satisfactorily performed without a general anæsthetic. While we may expect to obtain much valuable information by its use, it is improbable that such an uncomfortable method of examination will be well tolerated by English patients.

The book is well produced, the illustrations are good, and it is very readable. It is an excellent work of reference for those interested in gastric disease.

OUTLINES OF COMMON SKIN DISEASES. By T. G. GILCHRIST, M.D. Also Diet Plans for Children. (London: Baillière, Tindall & Cox, 1927.) Pp. 54. 60 illustrations. 7s. net.

This outline aims at an intermediary between the 1000-page text-book of dermatology and the student or practitioner. A classification of skin-diseases and a scheme of examination forms the basis of the book. The actual diseases are classed according to their primary lesions, each type being subdivided into regional groups. Hygienic, pharmacological and light treatments are briefly indicated in each case.

The illustrations are, within the limits of half-tone reproductions of photographs, good.

There are some useful, though short, diagnostic tables on, e.g., febrile eruptions, diseases of the mouth, diseases of children, ulcers, etc. These distinctly add to the use of the book for medical students, but the price is perhaps a little too high for a handbook intended for them.

CLINICAL PHYSIOLOGY. By ROBERT JOHN STEWART McDOWALL, D.Sc., M.B., F.R.C.P.(Edin.), Prof. of Physiology, King's College. (Edward Arnold & Co.) Pp. 424. 21s. net.

It is very useful after qualification which necessitates a pigeon-hole type of knowledge to sit back and watch somebody knock down the partitions so that one can get a full view of the actual extent of the cupboard. Not only does it help one's own memory, but it enables one to give much more intelligent treatment for patients' actual illnesses which are rarely "text-book," and much more intelligible answers to their questions.

Prof. McDowall has written a book which, within its small compass of 400 pages, achieves its object very well, and remains thoroughly readable.

Neurology is perhaps most fully dealt with, and a much-needed attempt is made to put psychology on a more physiological footing. There are seven very sound chapters on the circulation—a minor point. The bradycardia produced in those given to much exercise and in those who have been subjects of pneumonia and painful conditions is put down to vagal stimulation; no mention is made of that occurring in jaundice, though one would have liked to have known Prof. McDowall's explanation of this. The three chapters dealing with respiration are especially interesting; the conception of anoxæmia is very up-to-date; the vital capacity and other subjects usually omitted are given full scope. Diet, growth, bile, temperature, etc., are all described, but, as one would expect, the thorny subject of the kidney in relation to pathology is left severely alone; the constituents of the urine and their significance are, however, discussed. There are four good plates and an introduction by Prof. Halliburton. This book should be useful for the Primary F.R.C.S., also the M.R.C.P.

BOOKS RECEIVED.

PHARMACOPEIA, CITY OF LONDON HOSPITAL FOR DISEASES OF THE HEART AND LUNGS. (London: H. K. Lewis & Co., Ltd., 1926.) 3s. 6d.

CATECHISM SERIES: Anatomy (Bones), Part VI (4th edition); Physics, Part II (3rd edition). (Edinburgh: E. & S. Livingstone, 1927.) 1s. 6d. each.

MNEMONICS OF ANATOMY. By A. S. IRVING. 3rd edition. (Edinburgh: E. & S. Livingstone, 1926.) 1s. 3d.

RECENT BOOKS AND PAPERS BY ST. BARTHOLOMEW'S MEN.

BALL, W. GIRLING, F.R.C.S. "Hunterian Oration on the Value of Modern Methods of Investigation in the Diagnosis and Treatment of Hamaturia." *Lancet*, March 5th, 1927.

BARTON, J. KINGSTON, M.R.C.P. "On Hyperpæsis." *West London Medical Journal*, January, 1927.

— "Discussion on Hyperpæsis." *Proceedings of the Royal Society of Medicine*, June, 1926.

— "Discussion on Prevention of Scurvy in the Navy." *Proceedings of the Royal Society of Medicine*, December, 1925.

— "Discussion on Vitamin Deficiency." *Proceedings of the Royal Society of Medicine*, January, 1926.

BOURNE, GEOFFREY, M.D., M.R.C.P. "An Attempt at the Clinical Classification of Premature Ventricular Beats." *Quarterly Journal of Medicine*, April, 1927.

CHRISTOPHERSON, J. B., C.B.E., M.D., F.R.C.P. "Bilharzia Ova and the Test-tube." *British Medical Journal*, March 5th, 1927.

COLT, G. H., F.R.C.S. "The Clinical Duration of Saccular Aortic Aneurysm in British-born Subjects." *Quarterly Journal of Medicine*, April, 1927.

DIVE, G. H., D.S.O., R.A.M.C. "Dengue in Aden: A Clinical and Statistical Survey, with an Appendix on Fevers in Aden." *Journal Royal Army Medical Corps*, April, 1927.

FRASER, FRANCIS R., M.D., F.R.C.P. Goulstonian Lectures on "Cardiac Dyspnoea." *Lancet*, March 12th, 19th, 26th, 1927.

GAUVAIN, Sir HENRY J., M.A., M.D., M.C. "The Effect of Sun, Sea and Open-air in Health and in Disease." *Practitioner*, March, 1927.

— "Light Treatment in Surgical Tuberculosis." *Lancet*, April 9th, 1927.

GORDON, M. H., C.M.G., D.M., F.R.S. "Experimental Production of the Meningo-Encephalitis of Mumps." *Lancet*, March 26th, 1927.

HADFIELD, GEOFFREY, M.D. "The Central Nervous System in Addisonian Anæmia." *Bristol Medico-Chirurgical Journal*, Spring, 1927.

— (E. BARTON WHITE, M.R.C.S., L.R.C.P., and G. H.) "Observations on Pellagra." *Bristol Medico-Chirurgical Journal*, Spring, 1927.

HALL, PERCY, M.R.C.S., L.R.C.P. "Actinotherapy and Dental Surgery." *Bristol Dental Journal*, April 16th, 1927.

HATTERSLEY, S. M., M.C., R.A.M.C. "The Regimental Water-Cart." *Journal Royal Army Medical Corps*, April, 1927.

HERNAMAN-JOHNSON, F., M.D. "Ultra-Violet Rays: Their Place in Medicine." *British Medical Journal*, March 26th, 1927.

HEY GROVES, ERNEST W., M.D., F.R.C.S. "Fractures of the Clavicle." *Lancet*, April 16th, 1927.

— "Some Contributions to the Reconstructive Surgery of the Hip." *British Journal of Surgery*, January, 1927.

— (VINCENT COATES and E. W. H. G.) "Exploratory Laparotomy and Appendicectomy in Chronic Amoebic Dysentery." *British Journal of Surgery*, January, 1927.

HURRY, JAMIESON B., M.A., M.D. "The Disorders of Pregnancy and the Vicious Circle." *Practitioner*, April, 1927.

KLONSKY, G., M.B., B.S., M.R.C.S. "Research Problems in Diseases of the Nervous System." *Practitioner*, April, 1927.

LINDEMAN, S. J. L., M.C., R.A.M.C. "Difficulties in the Differential Diagnosis between Rabies and Nervous Forms of Distemper." *Journal Royal Army Medical Corps*, April, 1927.

LINDER, GEOFFREY C., M.D., M.R.C.P. "The Effect of Mineral Acid on Acid-base Regulation in Health and in Nephritis." *Quarterly Journal of Medicine*, April, 1927.

LYSTER, R. A., M.D., B.Sc., D.P.H. *A First Course in Hygiene*, 7th edition, revised and enlarged by Col. R. J. BLACKHAM, C.B., D.S.O., M.D., D.P.H. London: W. B. Clive, 1926.

MOORE, R. FOSTER, O.B.E., M.A., B.Chir., F.R.C.S. "Acute Glaucoma." *Clinical Journal*, March 30th, 1927.

MORRIS, R. J., C.B.E., M.D., M.R.C.P. "The Electrical Treatment of the Paralysis of Poliomyelitis." *British Medical Journal*, March 12th, 1927.

OKELL, C. C., M.C., M.B., B.Ch. (H. J. PARISH, M.D., and C. C. O.). "Titration of Scarlet Fever Antitoxin in Rabbits." *Lancet*, January 8th, 1927.

POSEL, M. M., M.R.C.S., L.R.C.P. "A Fatal Case of Acute Pulmonary Œdema." *British Medical Journal*, March 19th, 1927.

POWER, Sir D'ARCY, K.B.E., F.R.C.S. "Spencer Wells's Forceps." *British Journal of Surgery*, January, 1927.

— "Presidential Address on Comparative Medicine." *Proceedings of the Royal Society of Medicine*, December, 1926.

RIDOUT, C. A. SCOTT, M.S., F.R.C.S. "Total Removal of Tongue by Diathermy for Carcinoma." *Proceedings of the Royal Society of Medicine*, January, 1927.

— "Epithelioma of Left Tonsil, Left Anterior Pillar of Fauces; Tongue and Lower Jaw." *Proceedings of the Royal Society of Medicine*, January, 1927.

ROBERTS, J. E. H., F.R.C.S. "Discussion on the Diagnosis and Treatment of Intrathoracic New Growths." *Proceedings of the Royal Society of Medicine*, December, 1926.

ROBINSON, WILLIAM, M.D., M.S., F.R.C.S. "On the Value of Vitamins and the Diets of Infants and Children." *Clinical Journal*, December 22nd, 1926.

ROCHE, ALEX. E., M.A., M.D., M.Ch., F.R.C.S. "A Case of Encrusted Cystitis." *British Journal of Surgery*, January, 1927.

— "A Case of Multiple Urinary Lesions." *British Journal of Surgery*, January, 1927.

— "Fracture of the Os Magnum." *Clinical Journal*, February 2nd, 1927.

ROLLESTON, Sir HUMPHRY, Bart., K.C.B., M.D., F.R.C.P. "Treatment of Patients with High Blood-Pressure." *Lancet*, January 1st, 1927.

— "The Effects of Tobacco-Smoking on the Digestive System." *Practitioner*, January, 1927.

— "An Address on Changes in the Clinical Aspects of Disease." *British Medical Journal*, January 15th, 1927.

— "A Domestic Survey." *Lancet*, April 9th, 1927.

SAXBY-WILLIS, F. E., M.D. "Discussion on the Diagnosis and Treatment of Intrathoracic New Growths." *Proceedings of the Royal Society of Medicine*, December, 1926.

SEDGWICK, H. C., O.B.E., R.A.M.C. "A Case of Saccular Aneurysm of the Posterior Tibial Artery: Complete Exposure and Extirpation of the Sac." *Journal Royal Army Medical Corps*, December, 1926.

- SLADDEN, A. F., D.M.(Oxon.) (ROY THOMAS, M.B., F.R.C.S., D.O.M.S., and A. F. S.). "A Case of Metastatic Carcinoma of the Choroid." *Lancet*, March 12th, 1927.
- SOUTHAM, A. H., M.D., M.Ch., F.R.C.S. "A Lecture on Mule-Spinner's Cancer: Clinical Features and Treatment." *British Medical Journal*, February 26th, 1927.
- (and E. R. A. COOPER, M.D.). "Hunterian Lecture on the Pathology and Treatment of the Retained Testis in Childhood." *Lancet*, April 16th, 1927.
- TEICHMAN, O., D.S.O., M.C., R.A.M.C. "Frederick the Great's Cavalry Surgeons." *Journal Royal Army Medical Corps*, January, 1927.
- THURSFIELD, HUGH, M.D., F.R.C.P. "Discussion on the Diagnosis and Treatment of Intrathoracic New Growths." *Proceedings of the Royal Society of Medicine*, December, 1926.
- "The Use of Banana Pulp in the Feeding of Marasmus Infants." *Archives Diseases in Childhood*, February, 1927.
- WALKER, KENNETH M., F.R.C.S., M.A., M.B. "The Experimental Bases of Prophylaxis in Gonorrhœa." *British Medical Journal*, January 1st, 1927.
- *The Enlarged Prostate*. London: Humphrey Milford, Oxford University Press, 1926.
- WARD, R. OGIER, D.S.O., M.Ch., F.R.C.S. "Arrest of Hæmorrhage after Prostatectomy: a Hæmostatic Clamp." *British Medical Journal*, February 26th, 1927.
- WEBER, F. PARKES, M.D., F.R.C.P. "A Child Recovering from Aphasia and Right-sided Hemiplegia: Attacks of Jacksonian Epilepsy on the Right Side." *Proceedings of the Royal Society of Medicine*, December, 1926.
- (and LOEWY, F. E., M.D.). "A Case of Syringomyelia with Somewhat Acromegaloid Features." *Proceedings of the Royal Society of Medicine*, November, 1926.
- WHITE, C. POWELL, M.D. *The Principles of Pathology*. London: Longmans, Green & Co., 1926.
- YATES, A. LOWNDES, M.D., F.R.C.S. (GEOFFREY EDEN, M.D., M.R.C.P., and A. L. Y.). "Treatment of Encephalitis Lethargica by the Removal of Possible Ætiological Factors." *British Medical Journal*, April 16th, 1927.

EXAMINATIONS, ETC.

UNIVERSITY OF LONDON.

Second Examination for Medical Degrees, March, 1927.

Part I.—Barigrasser, S., Baxter, W. S., Briggs, G. D. S., Churchill, M. H., Cimmering, S., Cohen, P., Dean, D. M., Freeth, J. W. O., George, W. F. T., Great Rex, J. B., Hackett, L. J., Hargreaves, W. H., Hiscock, L. A., Hogg, W., Ishmael, D. T., Keane, C. A., McGladdery, W. F., O'Connell, J. E. A., Patrick, F. L. L., Roberts, J. C., Rodgers, H. W., Smith, D. A., Stanton, H. G., Staunton, A. A., Sugden, A., Taylor, J. T. C., Tidswell, T. H., Wright, P. M.

Part II.—Beattie, D. A., Caplan, A., Coltart, W. D., Fisher, J. F., MacVine, J. S., Matheson, I. W., Pierre, J. H., Rerrie, J. I., Risk, R. S., Silverstein, H., Ward, E. M., Page, A. P. M., Wickramasinghe, S. A.

CONJOINT BOARD.

Pre-Medical Examination, April, 1927.

Chemistry and Physics.—Hopkins, I. T., Palmer, T. J.
Chemistry.—Cutlack, A. R., Shields, J., Warren, C. B. M.
Physics.—Turiansky, S.

First Examination, April, 1927.

Chemistry.—Symonds, J. W. C.
Physics.—Morris, D. S., Symonds, J. W. C.
Biology.—Kitchen, B. C. J.

L.M.S.S.A.

The Diploma of the Society has been granted to the following:
 Walker, H. N.

CHANGES OF ADDRESS.

- BARNESLEY, Maj. R. E., R.A.M.C., c/o Messrs. Grindlay & Co., Bombay, India.
- COOK, A. R., Church Missionary Society, Salisbury Square, E.C. 4 (on leave).
- DALE, W. C., "Belmore," New Barnet, Herts.

- KENT, SYDNEY, Corner House, 73, Dorset Road, Bexhill.
- KENWORTHY, T. R., Hazelden, East Grinstead, Sussex.
- KYNASTON, A. H., 5, Witham Place, Boston, Lincs.
- LEE, W. EDWARD, 3, Pump Court, Middle Temple, E.C. 4. (Tel. Central 8602.)
- RICHARDSON, G. B., 45, Morrab Road, Penzance, Cornwall.
- ROBERTON, J. A. W., 213, Great South Road, Auckland, New Zealand.
- STUART, R., Hiawatha, Laindon, Essex.
- TOWNSEND, Maj. R. S., I.M.S., c/o Messrs. Grindlay & Co., 54, Parliament Street, S.W. 1.

APPOINTMENTS.

- KYNASTON, A. H., M.R.C.S., L.R.C.P., D.P.H., appointed Assistant Medical Officer of Health and Assistant Tuberculosis Officer to the Holland (Lincs.) County Council.
- MAURICE-WILLIAMS, H. C., M.R.C.S., L.R.C.P., D.P.H., appointed Assistant Medical Officer of Health and Assistant Port Medical Officer for the County Borough and Port of Southampton.

BIRTHS.

- BATTERHAM.—On April 8th, 1927, at the British Family Hospital, Maymyo, Burma, to Thelma (*née* Rundle), wife of Capt. D. J. Batterham, R.A.M.C.—a daughter.
- COLDREY.—On March 28th, 1927, at Chatham House, Rotherham, Yorks, to Eleanor (*née* Gardiner), wife of Eric Coldrey, M.D., F.R.C.S.—a son.
- DAVIES.—On March 20th, 1927, at Tavistock House, Haywards Heath, to Isabel, wife of Dr. J. H. Twiston Davies—a son.
- DRIVER.—On March 21st, 1927, at the Spa Nursing Home, Llan-drindod Wells, to Phyllis (*née* Pettit), wife of George P. Driver, M.R.C.S., L.R.C.P., of "Noddfa," Builth Wells—a daughter.
- ORAM.—On April 21st, 1927, at 43, Lee Terrace, Blackheath, S.E. 3, to Evelyn Mary (*née* Trethowan), wife of E. H. B. Oram, M.B., F.R.C.S.—a son.
- ROXBURGH.—On April 16th, 1927, at 5, Redington Road, Hampstead, London, the wife of A. C. Roxburgh, M.D., M.R.C.P., of a daughter.

MARRIAGE.

- BURROWS—PAUL.—On March 30th, 1927, at St. Martin-in-the-Fields, London, by the Rev. C. C. Hamilton, Harold Burrows, C.B.E., F.R.C.S., to Gwendoline Mary, second daughter of Eng. Rear-Admiral O. R. Paul, C.B.E.

DEATHS.

- BURD.—On March 21st, 1927, at Mornington, Richmond Road, Malvern Link, Cyril Prichard Burd, M.R.C.S., L.R.C.P., aged 51.
- FLETCHER.—On March 23rd, 1927, Dr. Dennys Fletcher, fifth son of the late Charles Fletcher, of the Stock Exchange, aged 55.
- MILLER.—On April 18th, 1927, after an illness bravely borne, Guy Witton Miller, M.R.C.S., L.R.C.P., dearly beloved husband of Alice Elizabeth Miller, of 68, Killieser Avenue, Streatham Hill, aged 50.
- SMITH.—On April 11th, 1927, at Mount Rundell, Exmouth, Richard Wagstaff Smith, M.R.C.S., L.M., L.R.C.P., formerly of Harborne, aged 92.

NOTICE.

All Communications, Articles, Letters, Notices, or Books for review should be forwarded, accompanied by the name of the sender, to the Editor, ST. BARTHOLOMEW'S HOSPITAL JOURNAL, St. Bartholomew's Hospital, E.C. 1.

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All Communications, financial or otherwise, relative to Advertisements ONLY should be addressed to ADVERTISEMENT MANAGER, The Journal Office, St. Bartholomew's Hospital, E.C. 1. Telephone: City 0510.